

Name in Full		Edward W. Anderson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Stevenson		Ballo.		Maryland		
		Date of death		1906	Month	2	Day	16
		Age		4	Years	5	Months	7
		Sex		Male	Color or Race		White	Birth-place
Occupation		none		Where Residing if not at place of death		Stevenson		
Married, Single or Widowed		Single		Name of Wife or Husband		none		
Father's Name		Samuel C. Anderson				Father's Birthplace		Harford. Co.
Mother's Maiden Name		Oliver James				Mother's Birthplace		Harford. Co.
Name of person giving information		Samuel C. Anderson				How related to deceased		Father.
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Meningitis		How long		About 18 days
		Immediate		"		How long		" "
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. O. E. M.
						Address		Petersburg, Md.
		Accident or Suicide?						

John Burns Sons
Funeral Directors

Carr's chapel
Cemetery
Balto. Co.

Name in Full Wm A Barger		CERTIFICATE OF DEATH	
Died at Town Linnomin		County Balto	
Date of death 190 6		Month 2	Day 12
Age 42		Months	Days
Sex Male		Color or Race White	Birth-place Balto Co
Married, Single or Widowed		Occupation Farmer	
Name of Wife or Husband Mary E L Barger			
Father's Name John Barger		Father's Birthplace X	
Mother's Maiden Name Rebecca Barger		Mother's Birthplace Pa	
Name of person giving information Mary E L Barger		How related to deceased Wife	
CAUSES OF DEATH			
Primary Pneumonia		How long 4 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. T. Boney M. D.	
		Address Lexas Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Interment Poplar
Cemetery Wednesday
Feb. 13

M. G. Brooks

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granitz</i>		Town <i>Balti</i>		County		MARYLAND	
Date of death	1906	Month	Feb.	Day	24	Age	10
Sex <i>male</i>		Color or Race <i>Black</i>		Months		Days <i>2</i>	
Occupation		Birth-place <i>Ind</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Geo Barma</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Martha Marshall</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Geo Barma</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute, Virchow's Tuberculosis</i>	How long	<i>about 5 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. J. Triple</i>	
		Address <i>Granitz, Ind</i>	
Accident or Suicide?			



Name
in
Full

Edward Barron

CERTIFICATE OF DEATH

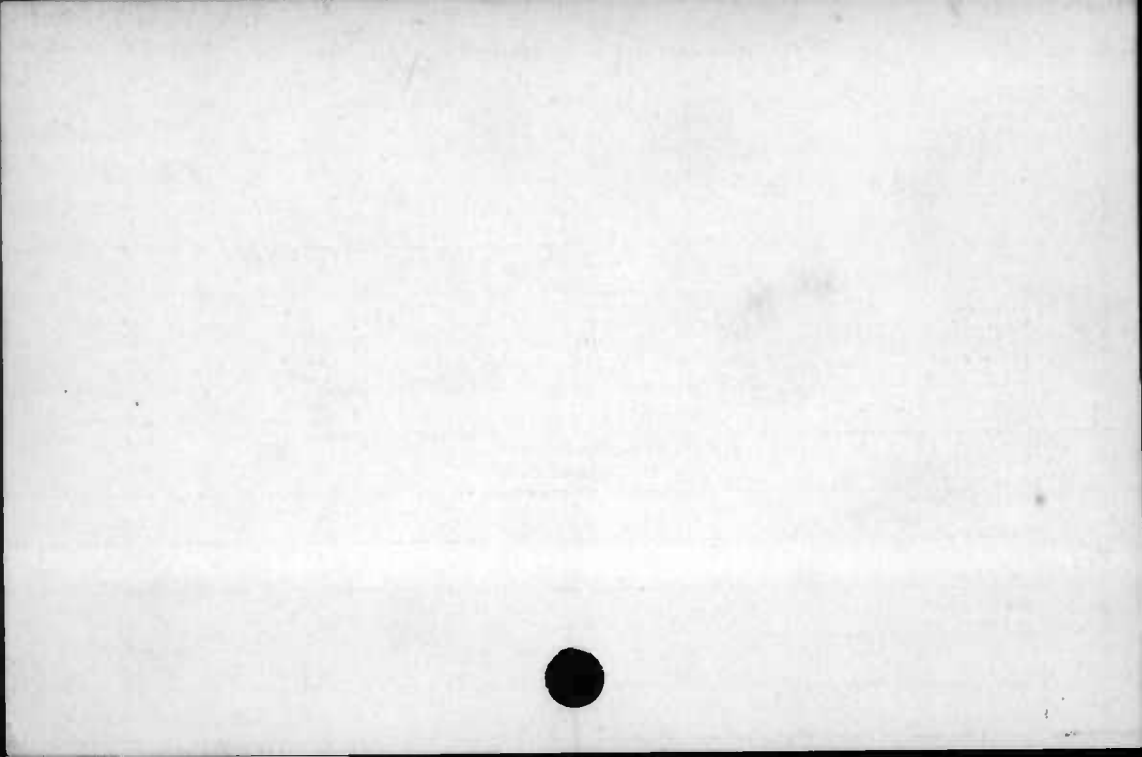
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>8</u>	Age <u>64</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Pikesville</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Barron</u>				
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Edward Barron Jr</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stenipervia</u>	<u>64</u>	How long <u>about 2 yrs</u>
Immediate <u>Apoplexy</u>		How long <u>2 days -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. E. M.</u>
		Address <u>Pikesville Md</u>
Accident or Suicide? <u>—</u>		



Name in Full		Augustus Beads.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Feb 4 th 1906		Town <i>Hullsville</i>		County <i>Balto. Co.</i>	
	Date of death		1906	Month	Feb 4	Day	4
	Age		32	Years	3	Months	18
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation		Laborer.		Where Residing if not at place of death		<i>Hullsville</i>
	Married, Single or Widowed	Single		Name of Wife or Husband	X		
	Father's Name	<i>Joseph Beads.</i>				Father's Birthplace	<i>Balto Md.</i>
Mother's Maiden Name	<i>Annie Riley.</i>				Mother's Birthplace	<i>Balto. Md.</i>	
Name of person giving information	<i>Annie Harris.</i>				How related to deceased	<i>Mother.</i>	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	<i>Broncho Pneumonia.</i>				How long	<i>19 Days.</i>
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		Signature of Physician	<i>F. C. Link M. D.</i>	
	Address		1837 Bolton St.		Balto Md.		
Accident or Suicide?		<div style="text-align: center;">LIBRARY BUREAU 448010</div>					

J. H. Goodwin
Mt Auburn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>Feb.</i>		Day <i>21st</i>		Age Years —	
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Balto Co.</i>		Months <i>4</i>	
Occupation —		Where Residing if not at place of death —		Days <i>5</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —		Father's Name <i>Geo. Behr.</i>		Father's Birthplace <i>Balto Co.</i>	
Mother's Maiden Name <i>Carrie Abrecht</i>		Mother's Birthplace <i>Balto Chd.</i>		Name of person giving In formation <i>Carrie Behr</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>1 week</i>
Immediate	<i>Pneumonia</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. J. Williams M.D.</i>	
Yes		Address <i>1108 Chesapeake St.</i>	
Accident or Suicide?		no	

Garret Heart Cemetery

Feb. 23rd 1906

Germanus France

Undertaker

Name in Full		Hannah Bell (Colt)				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Rosedale	County Baltimore	MARYLAND		
		Date of death		1906	Month Feb	Day 5	Age 68	Months —
		Sex		Female		Color or Race	Colored	
		Occupation		Cook		Birth-place	Md	
		Where Residing if not at place of death				North Point Road		
		Married, Single or Widowed		Widow		Name of Wife or Husband —		
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Mary Wigs				How related to deceased		
						Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				Burned to death		
		Immediate				" " "		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				Chronic John E. Muelly		
		Address				501 N. Clinton St		
Accident or Self								

Edward Bryan. Undertaker
2156 N. Alder St

Name
in
Full

Elena M. Benhoff

CERTIFICATE OF DEATH

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>2</i>	Day <i>24</i>	Age <i>56</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>(Signature)</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Gen. F. Benhoff</i>				
Father's Name <i>Philip Smith</i>	Father's Birthplace <i>Germany</i>		<i>(79)</i>		
Mother's Maiden Name <i>Elizabeth Russell</i>	Mother's Birthplace <i>Maryland</i>		<i>(79)</i>		
Name of person giving information <i>Gen. F. Benhoff</i>	How related to deceased <i>Husband</i>		<i>(79)</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>asthma - Capillary Bronchitis</i>	How long <i>about 7 days</i>
Immediate <i>Cardiac failure</i>	How long <i>2-3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wright</i>
	Address <i>1023 Center St. Balt. Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Mr Carmel
H. Sander & Sons

Name
in
Full

CERTIFICATE OF DEATH

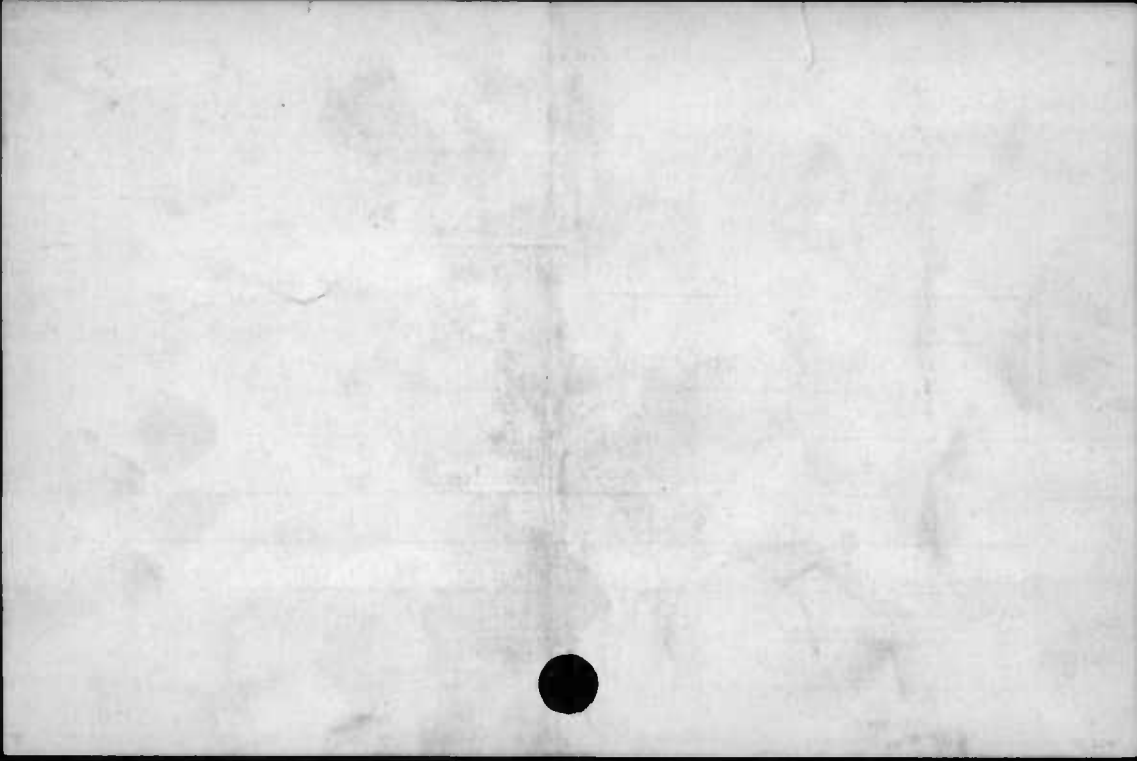
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>8 Phila. Road</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan</i>	Day <i>8</i>	Age	Years	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>—</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>S.</i>			Name of Wife or Husband				
Father's Name <i>John Bennett</i>			Father's Birthplace <i>Baltimore, Md.</i>				
Mother's Maiden Name <i>Minnie Poyer</i>			Mother's Birthplace <i>Cumberland "</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 day</i>
Immediate <i>Exhaustion</i>	How long <i>2 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Warner M.D.</i>
	Address <i>1120 Highland</i>
Accident or Suicide? <i>no</i>	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Charles William Blackwell		CERTIFICATE OF DEATH	
Died at Canton <small>Town</small>		Baltimore <small>County</small>	
Date of death 1906 <small>Month</small> 2 <small>Day</small> 28		2 <small>Years</small> 9 <small>Months</small> 3 <small>Days</small>	
Sex Female	Color or Race White	Birth-place Pennsylvania	
Occupation None	Where Residing If not at place of death Canton		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name S. T. Blackwell	Father's Birthplace Pennsylvania		
Mother's Maiden Name Walter C. Festerman	Mother's Birthplace Baltimore		
Name of person giving information S. T. Blackwell	How related to deceased Father		

CAUSES OF DEATH

Primary Whooping Cough	How long Several
Immediate Pneumonia	How long 4 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. H. H. H. H.
	Address 2 Hudson St.
Accident or Suicide?	

Mt Carmel
H. Sander & Sons

Name
in
Full

Edward Bolger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St. Agnes Hospital* Town *Baltimore* CountyDate of death *1906* Month *2* Day *18* Age *19* Years Months DaysSex *Male* Color or Race *White* Birth-place *Ireland*Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

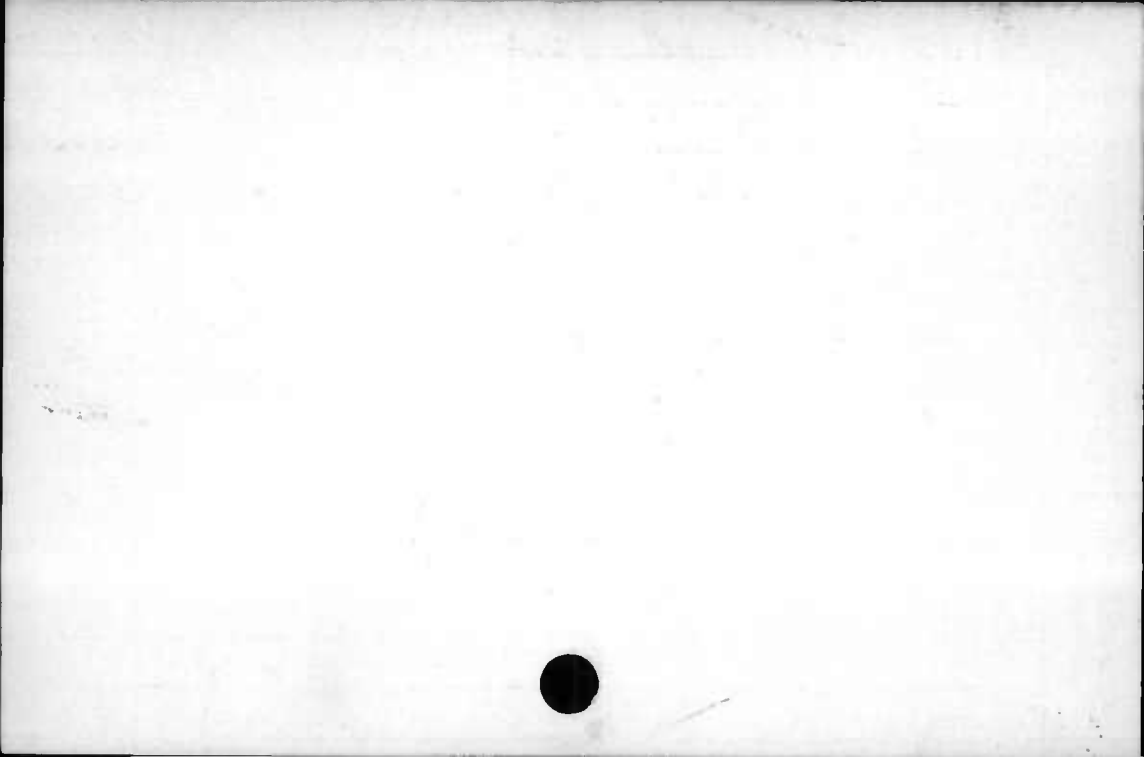
Primary *Consumption* How long *27*Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Bosley* Town *White Hall* County *Baltimore*

Died at *White Hall Baltimore* MARYLAND

Date of death *1906* Month *Dec* Day *18* Age *77* Years Months *3* Days *3*

Sex *Female* Color or Race *White* Birth-place *Manor*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Bosley*

Father's Name *William Pearce* Father's Birthplace *Manor*

Mother's Maiden Name *Sarah Bosley* Mother's Birthplace *Western Run*

Name of person giving information *Elizabeth Bosley* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Gastritis* How long *6 weeks*

Immediate *Emaciation* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Ross Payne*

Address *Carbott Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

Grudnick Brehm

Town

County

Died at

Hyblantown

Balto

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

2

5

Age

30

30

Sex

Male

Color or
Race

White

Birth-
place

Hyblantown.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Brehm

Father's
Birthplace

Balto Co

Mother's
Maiden Name

Lidia J. Brehm

Mother's
Birthplace

Hyblantown

Name of person giving
In formation

Charles Brehm

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Marasmus

How long

2 weeks

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Geo. L. Gump

Address

344 Hough

Accident or Suicide?

Yes

Hyblantown

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Young and Sons

W Carmel Cal

Name
in
Full

Rachel A Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} M. Roland Park ^{County} Baltimore

Date of death 190 ^{Month} Feb ^{Day} 22 ^{Age} 68 ^{Years} ^{Months} 7 ^{Days} 24

Sex Female Color or Race Colored Birth-place Balto Co

Occupation Housework Where Residing if not at place of death M. Roland Park

Married, Single or Widowed Married Name of Wife or Husband Samuel Brown

Father's Name John W Moor Father's Birthplace M. D. (n.b.)

Mother's Maiden Name Rachel Valentine Mother's Birthplace Ind

Name of person giving Information S. Brown How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Paralysis How long 2 yrs

Immediate Paralysis of the brain How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

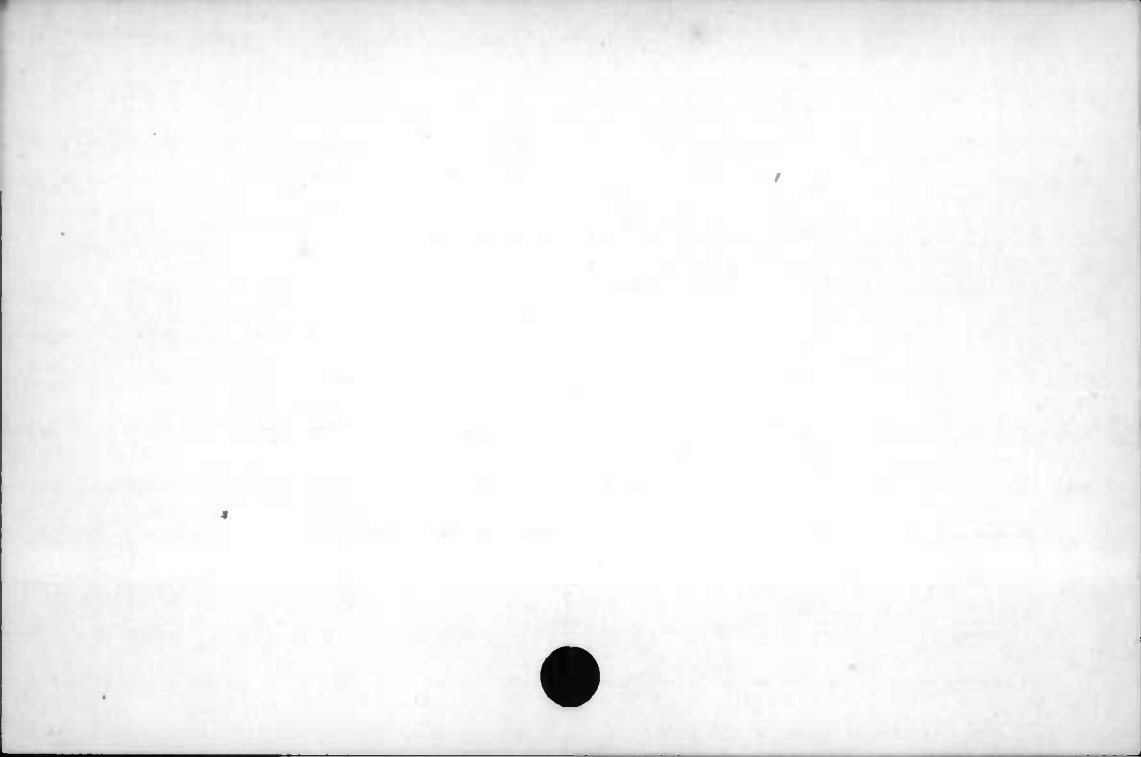
Signature of Physician J. R. Wawtz MD

Address 765 3rd Ave
Baltimore

Accident or Suicide?

A S Marshall
3539 Falls Road
to Laurel Cemetery Baltimore
Feb 25-06

Name in Full		Mary, A. Brusstar.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown	County Baltimore		MARYLAND	
	Date of death	1906	Month 2	Day 18	Age 79	Months —	Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation		Retired		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Leicester Brown			Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name		Marguerite O'Harpe			Mother's Birthplace	
	Name of person giving information		Samuel Brusstar			How related to deceased	
	CAUSES OF DEATH						
	Primary		Gen. Debility due to age				How long
Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. C. Schofield	
				Address		1400 Forest St Highlandtown	
Accident or Suicide?							



Name
in
Full

Josie Viola Burton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parkville.		County Baltimore.		MARYLAND	
Date of death		Month 1906	Day Febry.	Age	Years 32	Months 2	Days 23
Sex Female		Color or Race White		Birth-place Baltimore Co.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband O. Jackson Burton.					
Father's Name Thomas W. Burton.		Father's Birthplace Balt ^d Co.					
Mother's Maiden Name Emily W. Bull.		Mother's Birthplace Balt ^d Co.					
Name of person giving information J. H. W. Burton.		How related to deceased Father.					

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long (about)	7 m & 2.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		W. J. Harrison.	
Address		Leoch Raven.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

1

Waughs Chapel.

Name In Full		TOWN				COUNTY		CERTIFICATE OF DEATH	
70.7		Died at		Gorau Town		Baltimore		MARYLAND	
		Date of death		1906	Month	July	Day	16	Age
						Years		2	
						Months		Days	
		Sex		Male		Color or Race		White	
						Birth-place		Gorau Town	
		Occupation		Infant		Where Residing if not at place of death		Gorau Town	
		Married, Single or Widowed		Single		Name of Wife or Husband			
		Father's Name		Lee Carroll		Fether's Birthplace		Maryland	
		Mother's Maiden Name		Mary J. Sindall		Mother's Birthplace		Maryland	
		Name of person giving information		Lee Carroll		How related to deceased		Father	
CAUSES OF DEATH									
		Primary		Diphtheria		How long		36 hours	
		Immediate		Heart weakness		How long		a few minutes	
		Are the name, age, sex, color, date and place correctly given above?		No		Signature of Physician		E. H. Deenan	
						Address		Gorau Town Md	
		Accident or Suicide?		2					

H. C. Hildyell

Pt Mump Cemetery

Gorham Town

2 P. M.

Name
in
Full

Theodor Carruthers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Reformatory</i> ^{Town} <i>Bald Co</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>7.26</i> ^{Month}	<i>6th</i> ^{Day}	<i>33</i> ^{Years}
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>America</i>
Occupation <i>Paper Hanger</i>		Where Residing if not at place of death <i>Baltimore</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Revd. Mt Hope Reformatory</i>	How related to deceased <i>Not at all.</i>		

CAUSES OF DEATH

Primary <i>Progressive Paralysis (Parainfluenza)</i>	How long <i>over 3 yrs</i>
Immediate <i>Stetis Epilepticus</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Reformatory</i>
	<i>Baltimore Co Md.</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name in Full		(Carter) Louisa				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leatonville		Bulls.		MARYLAND
	Date of death	1906	Month	Feb	Day	14	Age 83
	Sex	Female		Color or Race	white		Birthplace Md
	Occupation	None		Where Residing if not at place of death		X	
	Married, Single or Widowed	Married		Name of Wife or Husband		X	
	Father's Name	X		Father's Birthplace		X	
	Mother's Maiden Name	X		Mother's Birthplace		X	
	Name of person giving information	X		How related to deceased		X	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Senile Dementia		How long 2 yrs.		
	Immediate		Old age		How long 4 mos.		
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Percy Wade		
	Address		Leatonville		Address		
Accident or Suicide?		No.					

John Arthur Sumner
Park

Name
in
Full

Stephen A. Cary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eudowood Hospital</i>		Town <i>Balto</i>		County	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>13</i>	Age <i>20</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
Occupation <i>Wagon Driver</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Frank B. Cary</i>			Father's Birthplace <i>France</i>		
Mother's Maiden Name <i>Betha Cluzan</i>			Mother's Birthplace <i>France</i>		
Name of person giving information <i>Mrs Roberts</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Jarrett</i>
	Address <i>Farm, Md.</i>
Accident or Suicide? <i>no</i>	

F. A. Krause + Bro

703 Hanover St

Cathedral Cemetery

Name
in
Full

Annire Casey

CERTIFICATE OF DEATH

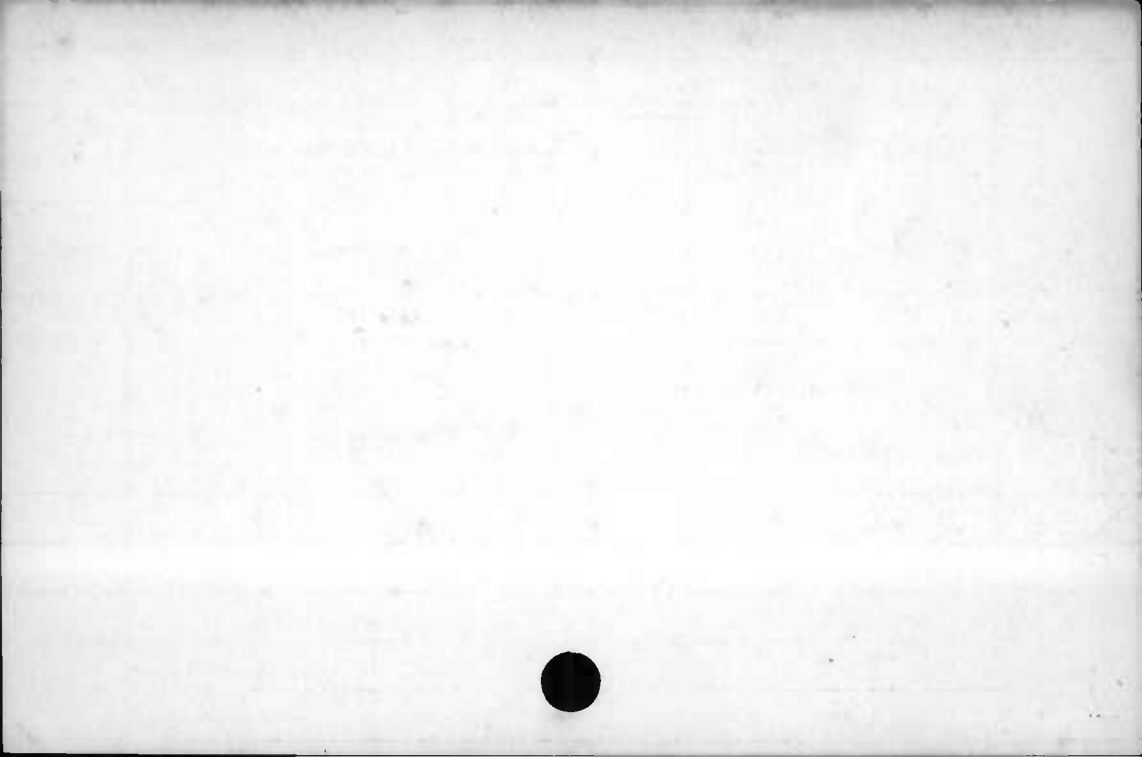
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>			<i>Baltimore</i> <small>County</small>			MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Married, Single or Widowed <i>Widowed</i>			Occupation <i>None formerly servant</i>				
Name of Wife or Husband <i>John Casey</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

Primary <i>Old age</i>	How long <i>93</i>
Immediate <i>Pneumonia</i>	How long <i>One Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert F. Murphy</i>
	Address <i>Catonsville</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER
①



Name
in
Full

Wm H. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb.	27	63			25
Sex		Color or Race		Birth-place			
Male		White		Pa			
Occupation				Where Residing if not at place of death			
Engineer				Cockeysville Md			
Married, Single or Widowed		Name of Wife or Husband					
		Emma Clark					
Father's Name		Father's Birthplace					
Wm H Clark		Pa					
Mother's Maiden Name		Mother's Birthplace					
Maria -							
Name of person giving information		How related to deceased					
Emma Clark		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enlargement Prostate Gland	How long	17 yrs
Immediate	Acute Cystitis - septicemia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr J. B. Brown
yes		Address	Cockeysville Md
Accident or Suicide?			

Mayville Pa

Name
in
Full

Mrs Clarinda R. Cook

CERTIFICATE OF DEATH

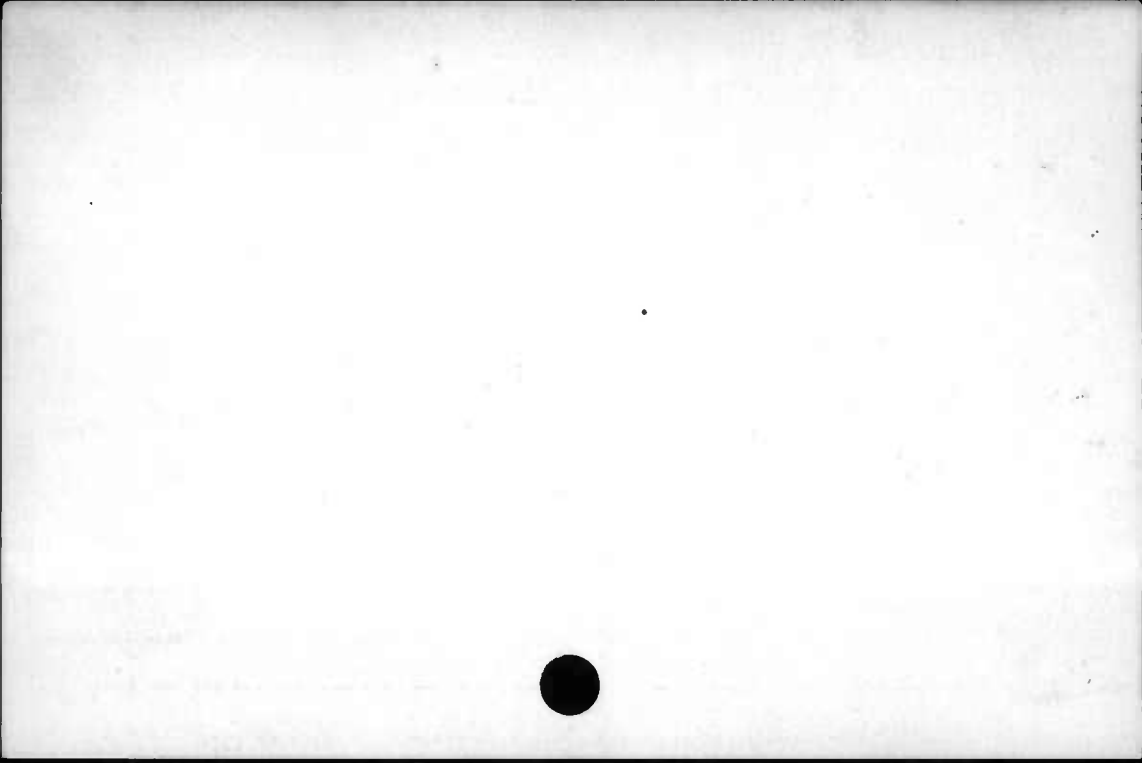
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glyndon		County Balto		MARYLAND	
Date of death 190	6	Month July	Day 12	Age	85	Years	Months
Sex	Female		Color or Race	white		Birth- place	Cecil Co, Md
Married, Single or Widowed	Widow			Occupation	none		
Name of Wife or Husband	D. S. Cook						
Father's Name	Elijah Reynolds					Father's Birthplace	Cecil Co, Md
Mother's Maiden Name	Elizabeth Edmondson					Mother's Birthplace	Cecil Co, Md
Name of person giving In formation	J. D. Cook					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bilious, Diarrhoea & Fever		How long	about 2 weeks
Immediate	Sudden Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	J. W. White, M.D.
			Address	Glyndon, Ind
Accident or Suicide?	No			



Name
in
Full

Annie Connolly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1111 Hope Retreat</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Feb</i> ^{Day} <i>26</i>	Age <i>70</i> ^{Years} <i>old</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ireland</i>	
Occupation <i>Home Duties</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reed Hope Retreat</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	<i>154</i>	How long <i>abt 2 yrs</i>
Immediate <i>Cardiac Paralysis</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>	
	Address <i>1111 Hope Retreat Baltimore B Me</i>	
Accident or Suicide? <i>—</i>		



Name
in
FullS. Edith Cox
Raspburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

190

Month

2

Day

14

Age

Years

4 1/2

Months

11

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Home

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Sam'l. E. Whyte

Father's
Birthplace

Md.

Mother's
Maiden Name

Susan Holland

Mother's
Birthplace

Md.

Name of person giving
information

Edw. D. Cox

How related
to deceased

Husband

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Walter H. Fisher

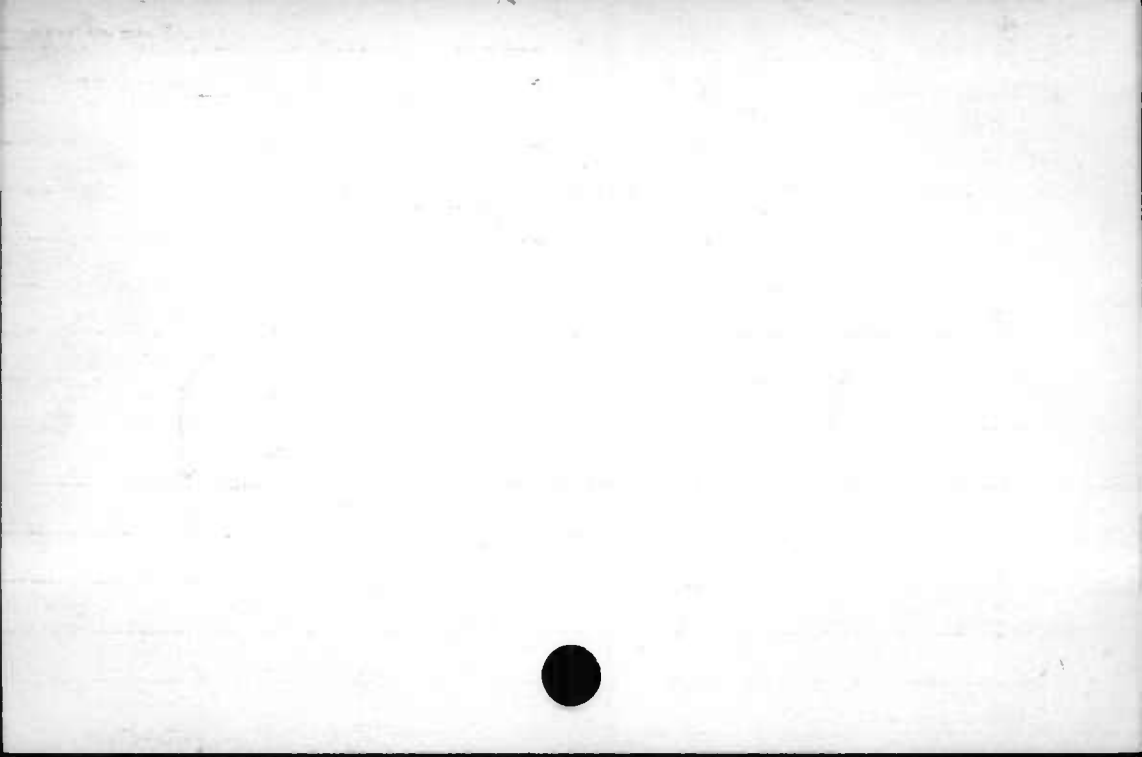
Address

Hamilton, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

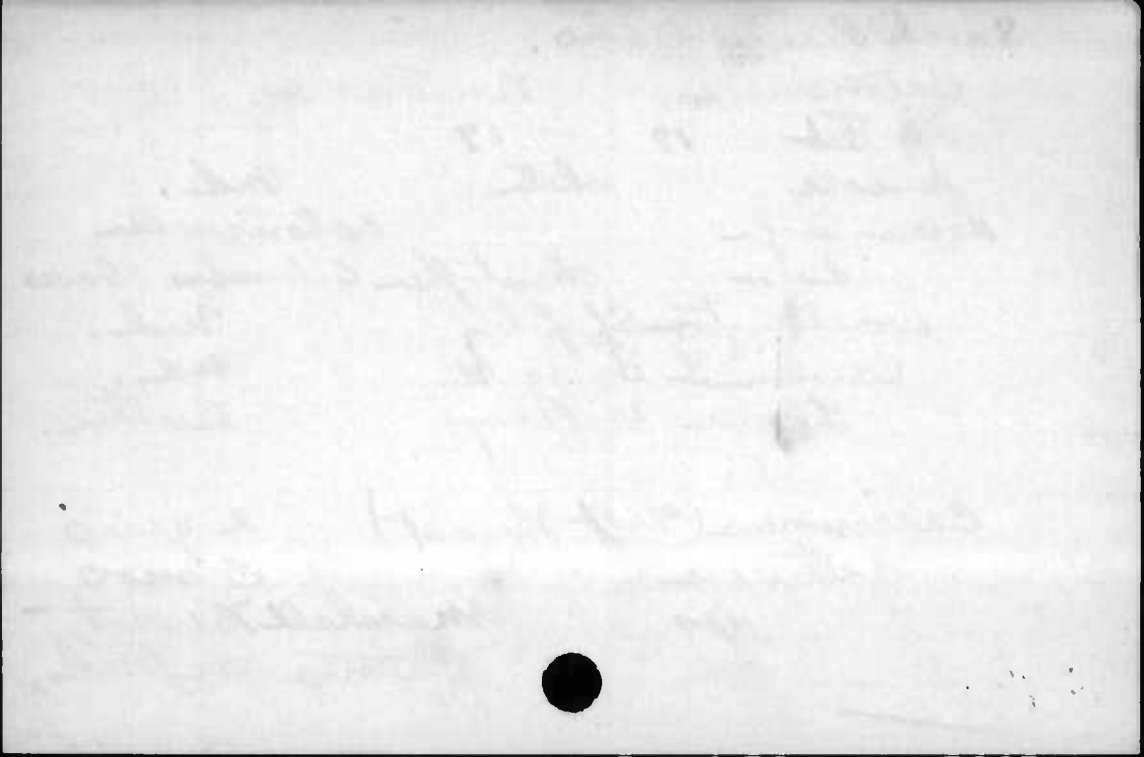
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Davis</i>		Town <i>Freeland P.O.</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Freeland P.O.</i>		Month <i>Febry.</i>		Day <i>18</i>		Years <i>5-7</i>	
Date of death <i>1906</i>		Age <i>5-7</i>		Months <i>3</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Davis</i>				Father's Birthplace <i>1</i>			
Mother's Maiden Name <i>Mother</i>				Mother's Birthplace			
Name of person giving information <i>Reuben H. Winchell</i>				How related to deceased <i>Brother in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis Acute</i>	How long <i>2 weeks</i>
Immediate <i>Uraemic Coma</i>	How long <i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Joseph O. Baldwin</i>
	Address <i>Freeland, R. F. D. #1.</i>
Accident or Suicide?	<i>B</i>



Name
in
Full

Sarah Francis Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville		^{County} Baltimore		MARYLAND	
Date of death 1906	Month Feb	Day 19	Years 69	Months	Days
Sex female	Color or Race white	Birth-place Md.			
Occupation House wife	Where Residing if not at place of death Catonsville				
Married, Single or Widowed widow	Name of Wife or Husband Christopher Columbus Davis				
Father's Name Washington Shifely	Father's Birthplace Md.				
Mother's Maiden Name, Caroline L. Frizzell	Mother's Birthplace Md.				
Name of person giving information Lovelace Shifely	(43)		How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma (Left Breast)	How long 2 years
Immediate Asthenia	How long 3 mos
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Marshall B West
	Address Catonsville, Md.
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Martin Dei

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baynesville</i>		Town <i>Baynesville</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb.</i>	Day <i>23rd</i>	Age <i>66</i>	Years <i>66</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>					
Married, Single or Widowed <i>Married</i>			Occupation <i>Gardener</i>				
Name of Wife or Husband <i>Rosina Dei</i>							
Father's Name <i>Saverio Dei</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Gertrude Hoffman</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Rosina Dei</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>unknown</i>
Immediate <i>Mitral Regurgitation</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>George G. Long Pass</i>
	Address <i>Hamilton</i>
Accident or Suicide? <i>No</i>	<i>mdg</i>

Henry Hauck & Son
1301 E. Bager St

Mt Marie Cemetery

Pawnee

Name in Full John F. Diggs		CERTIFICATE OF DEATH	
Town Glyndon		County Baltimore	
Died at		MARYLAND	
Date of death	Month Feb	Day 14	Age 1
Sex Male	Color or Race Colored	Months 9	Days
Occupation 	Birth-place Balto Md	Where Residing if not at place of death 	
Married, Single or Widowed Single	Name of Wife or Husband 		
Father's Name 	Father's Birthplace 		
Mother's Maiden Name Ida Diggs	Mother's Birthplace Balto cc Md		
Name of person giving information Charlotte Gordon	How related to deceased Grand Mother		
CAUSES OF DEATH			
Primary Pertussis	How long 2 mo.		(8)
Immediate Pneumonia	How long 10 days		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. R. R. R.	
		Address Glyndon	
Accident or Suicide? 			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(1)

Peatston

Name
in
Full

Dobbin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gorane* Town*Burr* CountyDate of death *1906* Month *2nd*Day *3*Age *62* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Ireland*

Occupation

*Gardener*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Ellen Dobbin*Father's
Name*Not known*Father's
BirthplaceMother's
Maiden Name*Not known*Mother's
BirthplaceName of person giving
In formation*Olla Kling*How related
to deceased

CAUSES OF DEATH

Concussion

Primary

? Fell & struck head. which

How long

Immediate

fall was due to paralysis - in paralysis - due to

How long

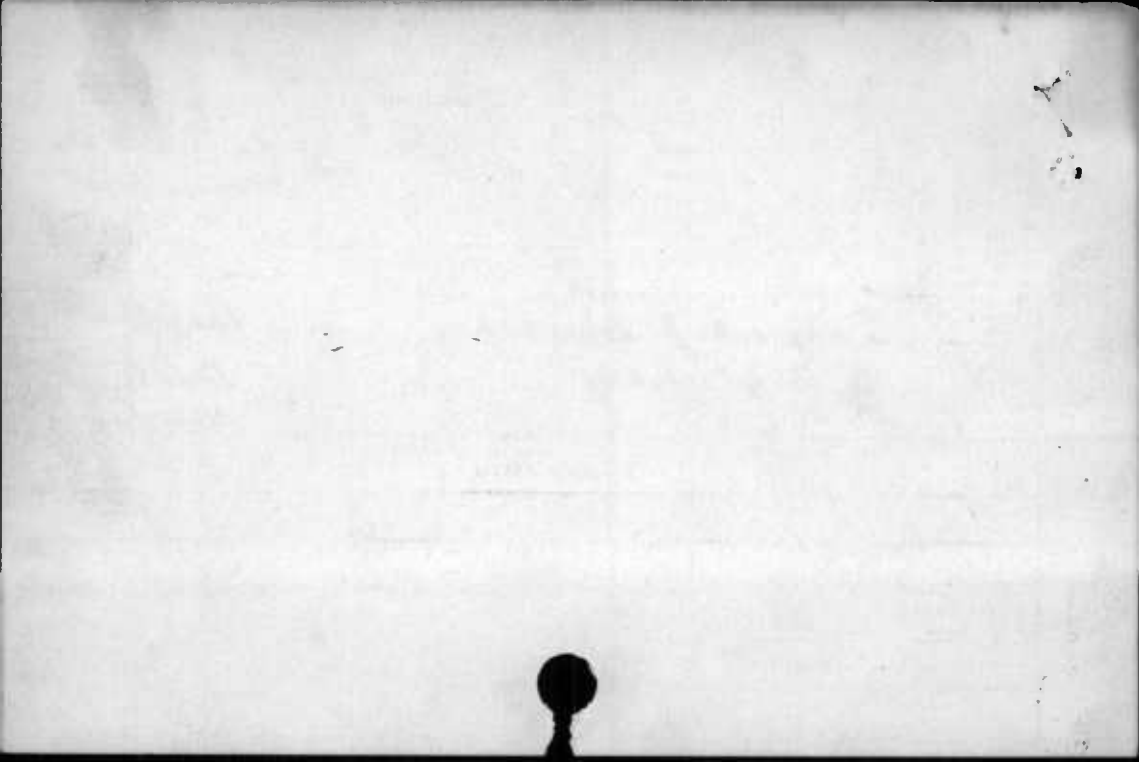
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Forstnering road
Sta 11. Back of
Burrone.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Frank Dobbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Lovinstown</u> ^{Town}		<u>Baltimore</u> ^{County}			
Date of death <u>1906</u>	<u>2</u> ^{Month}	<u>3</u> ^{Day}	<u>Age about 60</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Robber</u>		Where Residing if not at place of death <u>Hillaw Ave</u>			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Mr Mulligan</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

Primary <u>Fall, injury to head</u> <u>Apoplexy - Hemiplegia</u>	How long <u>a few hours.</u>
Immediate <u>Compression of brain</u>	How long <u>few hours.</u>

Are the name, age, sex, color, date and place correctly given above?

As near as possible

Signature of Physician

Joseph B. Herbert
Coroner, Towson Md

Accident or Suicide?

E. A. Weirfield

St Marys, Graustown

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
DR CORONER



CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	How related to deceased
-----------------------------------	-------------------------

CAUSES OF DEATH

Accident or Suicide?



Name
in
Full

John. J. Dandikew.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Govanus</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>2</u>	Day <u>28</u>	Age <u>1</u> Years	Months <u>20</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Govanstown</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Edward J. Dandikew</u>			Father's Birthplace <u>Balto</u>		
Mother's Maiden Name <u>L. V. Shipley</u>			Mother's Birthplace <u>Balto</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Brucella</u>	How long <u>6 days</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Martin M.D.</u>
	Address <u>1841 Penna. Av.</u>
Accident or Suicide? <u>No</u>	

1

St Peter's Cemetery

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

— PHONE 1023. —

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lowson</i>		Town <i>Lowson</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>16</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>(Col)</i>		Birth-place				
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Lowson</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Julia Dougherty</i>						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving Information	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>72 hours</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jr. Payton Green W.D.</i>
	Address <i>Lowson Md.</i>
Accident or Suicide?	

undertaken

Robert A Elliott

506 Rogers Ave

Yarrowden Town

Name
in
Full

Gertrude P. Eddy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catonville</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	<i>6</i>	Month <i>Feb.</i>	Day <i>4</i>	Age <i>54</i>	Years <i>54</i>	Months	Days
Sex <i>F.</i>	Color or Race <i>white</i>		Birth- place <i>Ohio</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>Dr. Otis J. Eddy</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>pneumonia</i>	(93)	How long	<i>7 days</i>
Immediate	<i>pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W. Rushmer White & D.</i>	
			Address <i>Catonville</i>	
Accident or Suicide?			<i>no</i>	

Washington Feb 6th 06

Name in Full		Edith Edwards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton		County Balt		MARYLAND
	Date of death	1906	Month 2	Day 6	Age —	Years —	Months 1 Days 7
	Sex	Female		Color or Race	White		Birth- place
	Occupation	None		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Edward Edwards				Father's Birthplace	Wales
	Mother's Maiden Name	Maria Davis				Mother's Birthplace	Wales
Name of person giving In formation	Wm. Layshon				How related to deceased	cousin	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Convulsions				How long	4 days
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address 3116 O'Connell St		
Accident or Suicide?							

Ormsley Bros -
Mr Carmel Am

Name
in
Full

Eliza E. Elliott

CERTIFICATE OF DEATH

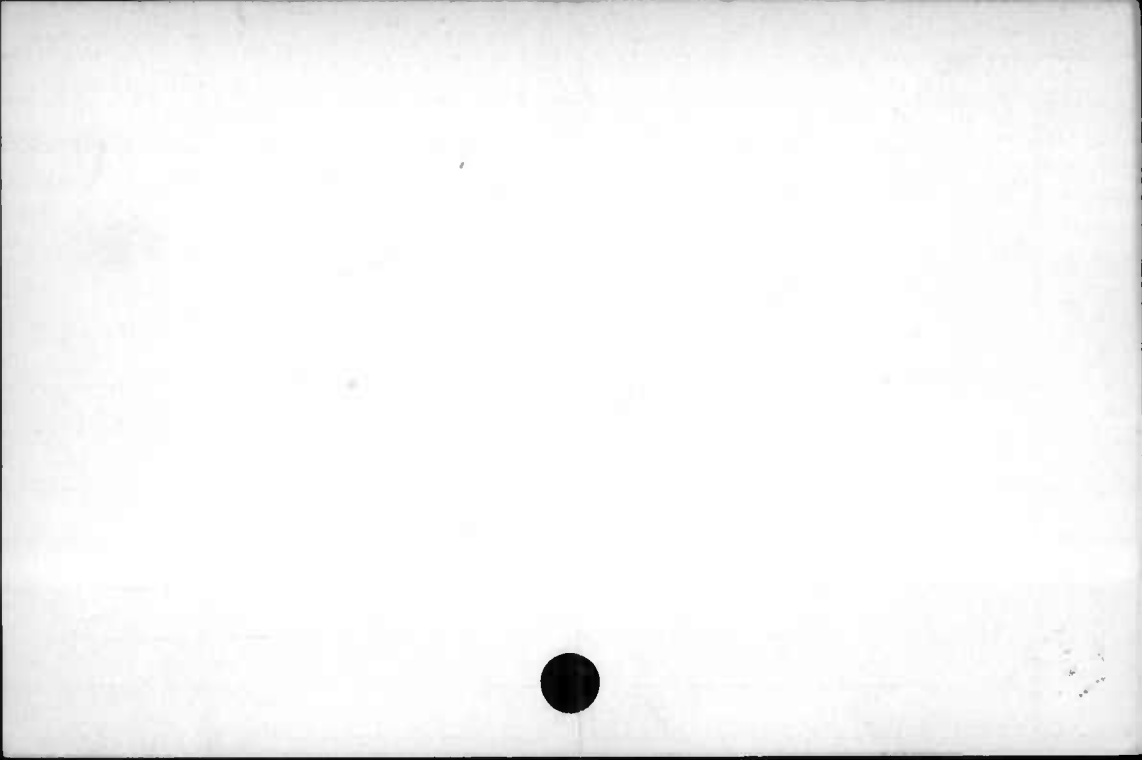
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mounton		County Baltimore		MARYLAND	
Date of death 1906	Month 2	Day 21	Age 74	Years 74	Months 1	Days 7	
Sex Female	Color or Race White		Birth- place Newford, Md.				
Married, Single or Widowed Widowed		Occupation					
Name of Wife or Husband George H Elliott							
Father's Name Charles Hick		Father's Birthplace Paeto, C. Md.					
Mother's Maiden Name Sarah Cole		Mother's Birthplace Paeto, C. Md.					
Name of person giving Information Florence Mays		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart	How long	7-8 years
Immediate	Paralysis of Heart	How long	Short while
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. R. Mitchell	
Address		Mounton, C. F. D. No. 2, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Sophia Gerl Feller

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Belmont Heights

Town

Baltimore

County

Date of death 1906

Month Feb

Day 22

Age 63

Years

Months 9

Days 18

Sex Female

Color or Race White

Birthplace Germany

Occupation Domestic

Where Residing if not at place of death

Married, Single or Widowed

Name of wife or Husband

Ernest G Feller (decd)

Father's Name

In known

Father's Birthplace

Germany

Mother's Maiden Name

In known

Mother's Birthplace

"

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Pulmonary edema - senile decay

How long

—

Immediate

Cardiac failure

How long

Death sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank G Miller M.D.

Address

Alberton, Md

Accident or Suicide?

—

PHYSICIAN
OR
CORONER

London Park Cem

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date		Month	Day	Years	Months	Days			
of death		1906	2	24	Age	51	9	14	
Sex	Male			Color or Race	White			Birth-place	Germany
Occupation	Cooper			Where Residing if not at place of death					
Married, Single or Widowed	Widowed			Name of Wife or Husband					
Father's Name	Not Known					Father's Birthplace	Not Known		
Mother's Maiden Name						Mother's Birthplace	Ida		
Name of person giving information	Charles Filliaux					How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary	Chronic Diarrhoea		How long	2 weeks
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. L. Guarnard.
	100		Address	3 and 1/2 South Highlandtown
Accident or Suicide?				

Mr Carmel

H. Sander & Sons

Name
In
Full

Mrs E Mc Boy Finley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Arbutus		County Baltimore Co		MARYLAND	
Date of death		1906	Month Feb.	Day 7th	Age 74	Months	Days
Sex		Female		Color or Race White		Birth- place Ireland	
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Andrew Finley					
Father's Name		(64)				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation		Arthur E. Finley				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER
(1)

Primary	Cerebral hemorrhage	How long	Two (2) weeks
Immediate	Respiratory failure	How long	3 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Lewis H. Hendry M.D.	
		Address Relay. Balt. Co Md	
Accident or Suicide?			

Burial at
Western Cem
Feb 9/1906

William Cook
507 E North Ave

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND Name: <i>Pelicia Froust</i>		Died at <i>Not known</i>		County: <i>Balt.</i>	
		State: <i>MARYLAND</i>			
Date of death: <i>1906 Feb. 17</i>		Age: <i>84</i>		Months: <i>—</i> Days: <i>—</i>	
Sex: <i>female</i>		Color or Race: <i>white</i>		Birth-place: <i>Baltimore</i>	
Occupation: <i>—</i>		Where Residing if not at place of death: <i>—</i>			
Married, Single or Widowed: <i>married</i>		Name of Wife or Husband: <i>Ed Froust</i>			
Father's Name: <i>Thomas Wright</i>		Father's Birthplace: <i>Iowa</i>			
Mother's Maiden Name: <i>—</i>		Mother's Birthplace: <i>—</i>			
Name of person giving information: <i>Ed Froust</i>		How related to deceased: <i>Husband</i>			
CAUSES OF DEATH					
Primary: <i>Pyrexia, febrile</i>		How long: <i>4 days</i>			
Immediate: <i>Septicemia Gen.</i>		How long: <i>1 day</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician: <i>A. V. Blau</i>			
		Address: <i>Not known</i>			
Accident or Suicide? <i>—</i>		<i>Med.</i>			

Hecht

W O Hecht

Name

In
Full

CERTIFICATE OF DEATH

MARYLAND

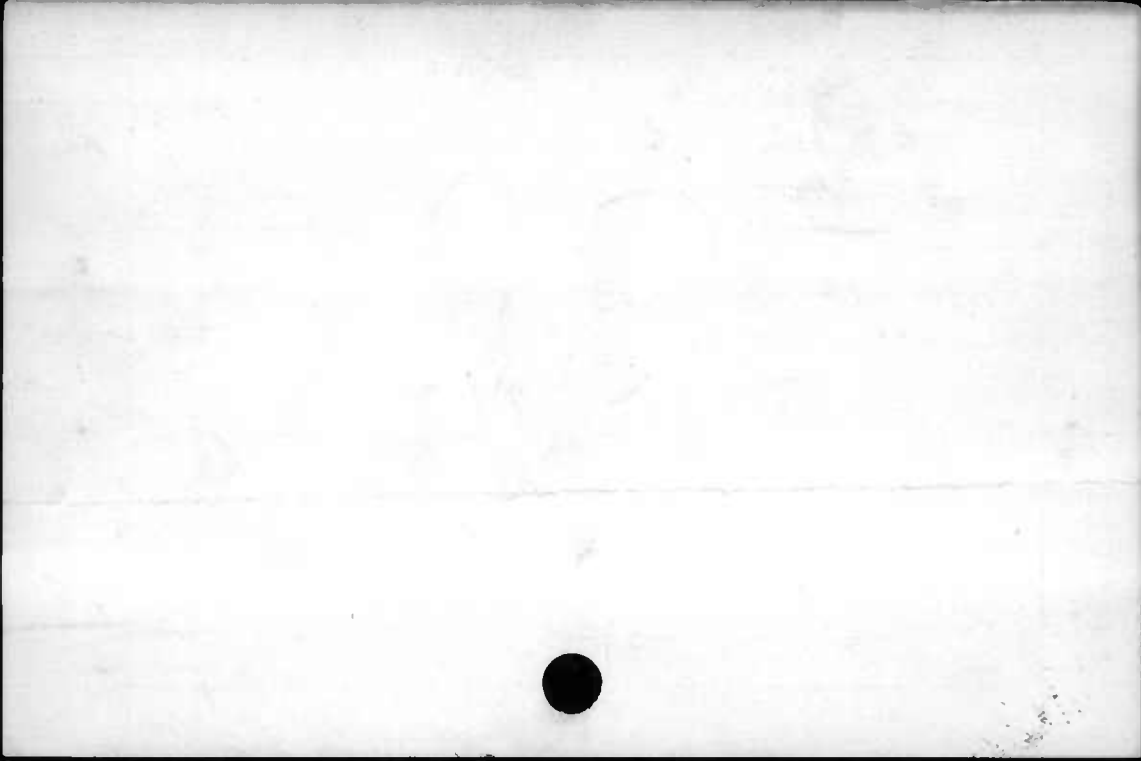
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Date of death		Month	Day	Years	Months
1906		Feb	2	Age	1
Sex	male	Color or Race	white	Birth place	mt warranus
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ed Hoover			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Ed Hoover			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Con genital Phelety	How long
Immediate	Opium	How long
Are the name, age, sex, color, date and place correctly given above?	yes	1 day
Signature of Physician	R. H. Lawrence	
Address	mt warranus	
Accident or Suicide?	no	



Name
in
Full

Alice Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} Balto.

Date of death 1906

Month 2

Day 6

Age

Years —

Months 6

Days 10

Sex Female

Color or Race

white

Birth-place

md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Benjamin Fox

Father's Birthplace

Russia

Mother's Maiden Name

Sadah Cohen

Mother's Birthplace

—

Name of person giving information

Benjamin Fox

How related to deceased

Father

CAUSES OF DEATH

Primary

meningitis

(61)

How long

3 days.

Immediate

convulsion

How long

5 min.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

F. A. Glantz

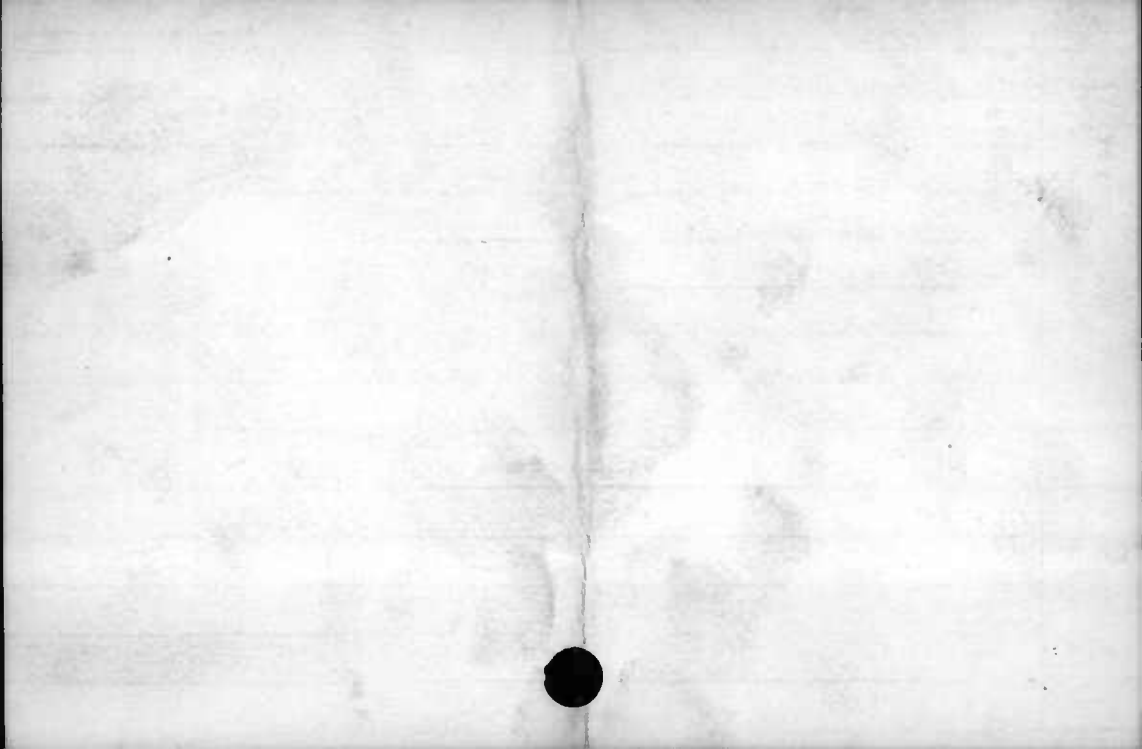
Address

41 Eastern Ave E.A.

PHYSICIAN
OR CORONER

(1)

Accident or Suicide?



Name in Full		Ida May Fox				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Pleasant Hill		County Balto	
		Date of death		1906		Month Feb	
				Day 13		Age 30	
				Sex Female		Color or Race white	
				Occupation House wife		Where Residing if not at place of death	
		Married, Single or Widowed		Married		Name of Wife or Husband Henry L. Fox	
		Father's Name		Wilson Disney		Father's Birthplace Balto, Co. Md	
		Mother's Maiden Name		Georgeanna Stephens		Mother's Birthplace Penna	
		Name of person giving information		Henry L. Fox		How related to deceased Husband	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary				How long	
		Adeno-Carcinoma of Uterus				9 years	
		Immediate				How long	
		Obstruction of Bowels				10 days	
		Are the name, age, sex, color, date and place correctly given above?				yes	
		Signature of Physician				J M Seader	
		Address				Reisterstown	
		Accident or Suicide?					

Pleasant Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Shealey Frank

Died at *Leatonville* *Butte* County

State *MARYLAND*

Date of death *1906* Month *Feb* Day *27* Age *66* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *X* Father's Birthplace *X*

Mother's Maiden Name *X* Mother's Birthplace *X*

Name of person giving information *X* How related to deceased *X*

CAUSES OF DEATH

Primary

Dementia

How long

24 yrs.

Immediate

Chronic Bright's Disease

How long

6 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

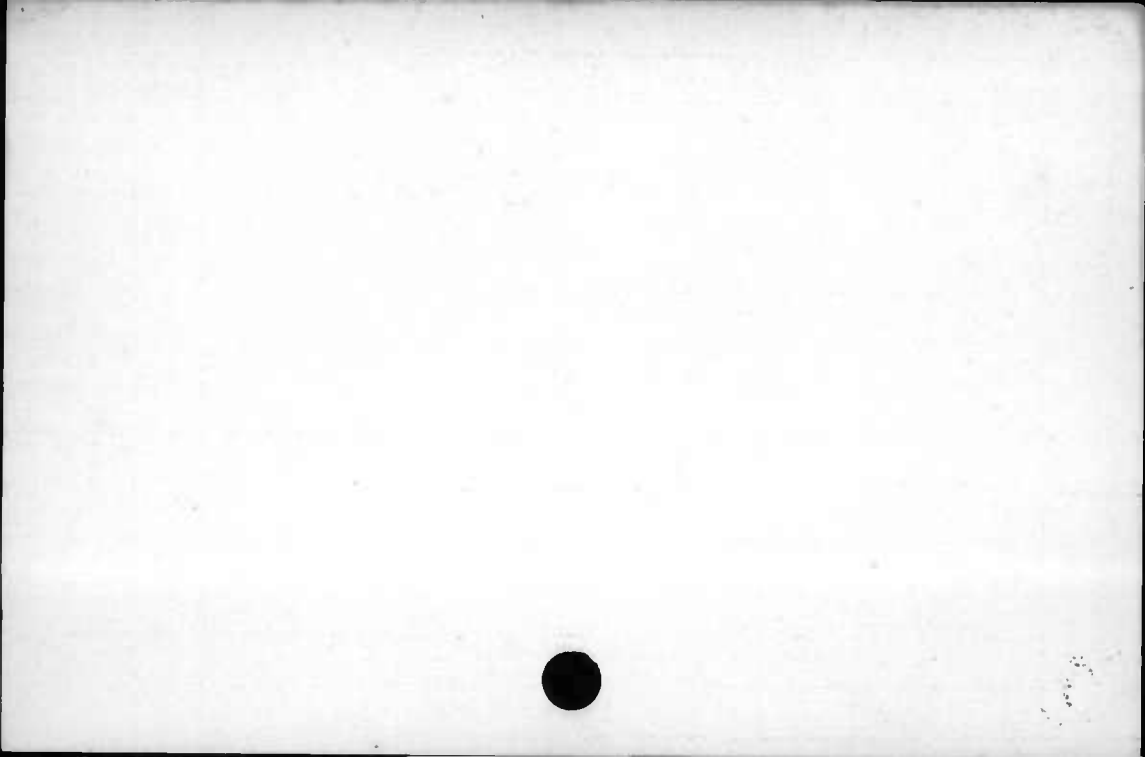
Signature of Physician

Address

*Percey Wade**Leatonville, Ind*

Accident or Suicide?

*No.*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Baer</i> County		MARYLAND	
Date of death <i>1906</i>	<i>2</i> Month	<i>13</i> Day	Age <i>2</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation			Where Residing if not at place of death <i>did at 808 Eastern Ave</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Lutz</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Barbara Leitzinger</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Nottingham</i>		How related to deceased <i>L</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>3 weeks</i>
Immediate <i>Severe Glandular Infection</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Lammey M.D.</i>
	Address <i>304 Bank St Ex 10</i>
Accident or Suicide? <i>No</i>	

J Herwig & Son
Oak Lawn
2/15/06

Name
in
Full

Catherine Sahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Wt Hope Retreat* ^{County} *Baltimore* *MARYLAND*

Date of death *1906* ^{Month} *7th* ^{Day} *26* ^{Years} *75* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *None* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Reeds Wt Hope Retreat* How related to deceased *Not at all*

CAUSES OF DEATH

Primary *Mania Chronic* *(68)* How long *29 yrs or more*

Immediate *Pul. Congestion* How long *abt 2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Frank J. Flannery (MD)

Address *Wt Hope Retreat*
Baltimore Co Md

Accident or Suicide? *—*PHYSICIAN
OR CORONER
(1)



Name
in
Full

Harriet German

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec.	16		2	5	12
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Infant		Where Residing if not at place of death		Lowson		
Married, single or widowed	Single		Name of Wife or Husband				
Father's Name	Henry German					Father's Birthplace	Md.
Mother's Maiden Name	Annie Perry					Mother's Birthplace	Md.
Name of person giving information	Henry German					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	48 hours
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jr. Baggett Dec. 11, 1906
		Address	Lowson Md.

Accident or Suicide?

John Burns Lane
Prospect-Hill
Conn

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR
CORONER



Name in Full <i>Mary F German</i>		Town <i>Hamilton</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
Died at <i>Hamilton</i>				MAYLAND			
Date of death <i>1906</i>		Month <i>July</i>	Day <i>14</i>	Age <i>65</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph German</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mary A Lander</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Rachael German</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

Primary *Chronic Nephritis* **(120)** How long *6 months*

Immediate *Cardiac Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. D. Conrad*

Address *Gardenville*

Accident or Suicide?

no



Name
in
Full

Mary Gillum

CERTIFICATE OF DEATH

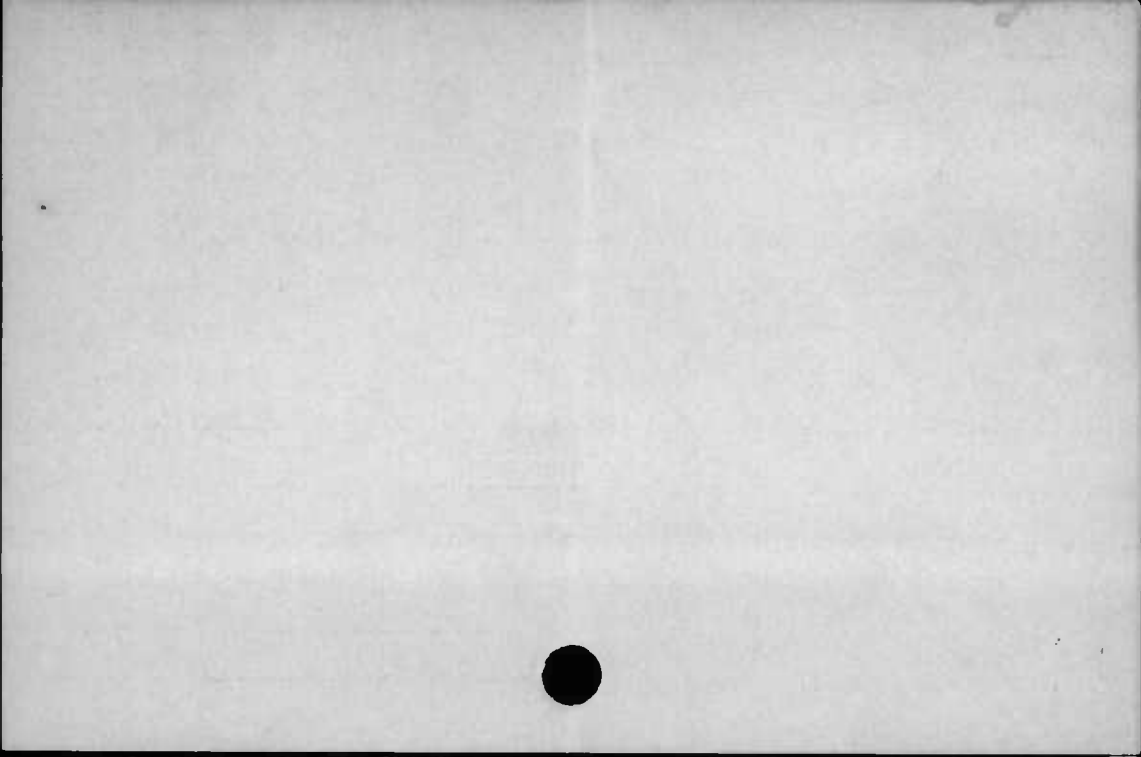
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Sparrows Point		Baltimore					
Date of death	190	Month	Feb.	Day	16	Age	2
Sex		Female		Color or Race		Black	
Birth-place		Balto. Co.		Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Sam'l Gillum		Va.		Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		Jos Blair		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Natural Causes	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Jos Blair J. P.
	Address
	Sparrows Point
Accident or Suicide?	



Name
in
Full

J. Michael Gillerlain

CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope* ^{Town} *Rehoboth* ^{County} *Balto Co*Date of death *1906* ^{Month} *2nd* ^{Day} *2nd* ^{Years} *19 yrs* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Va.*Occupation *Machinist* Where Residing If not at place of death *Portsmouth Va.*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *"* Mother's Birthplace *"*Name of person giving Information *Reed, Mt Hope* How related to deceased *not at all*

CAUSES OF DEATH

Primary *Acute Mania* *(68)* How long *abt 7 wks.*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Frank J. Flannery

Address

*Mt Hope Rehoboth
Mt Hope Md.*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
FOR CORONER
(1)



Name
in
Full

Mary Goodal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bramble</u> Town		County <u>Balto</u>		MARYLAND	
Date of death	1906	Month	Feb	Day	23
Age	1	Years		Months	2
Sex	Female	Color or Race	Black	Birth-place	Ind
Occupation			Where Residing if not at place of death	Same	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	John Goodal			Father's Birthplace	Ind
Mother's Maiden Name	Jannis Mayo			Mother's Birthplace	Ind
Name of person giving information	Jannis Mayo			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary	<u>Peritonitis</u>	How long	<u>2 weeks</u>
Immediate	<u>Convulsions Exhaustion</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. J. Staple</u>
		Address	<u>Bramble</u>
Accident or Suicide?	—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua Goodwin		County		BALTO.	
Died at Pottersprings		BALTO.		MARYLAND	
Date of death	1906	Month	2	Day	6
Age		Years		Months	Days
68					
Sex	Male	Color or Race	white	Birth-place	Balto.
Occupation	Farmer		Where Residing if not at place of death Potterspring		
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name	Benj. Goodwin			Father's Birthplace	U. S.
Mother's Maiden Name	Elizabeth Griffin			Mother's Birthplace	U. S.
Name of person giving information	Mrs Wm. D. Murphy			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary	La Grippe	How long	6
Immediate	Cardiac Ex. Function	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. Burdett Hammond
		Address	Riden, Ind.
Accident or Suicide?			

John Burns Sons
Lowson

Saters Carriage
Baltimore Co.

Name
in
Full

Wm H Gordon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Warren* ^{Town}*Balto. Co.* ^{County}Date of death *1906* ^{Month} *2**15* ^{Day}Age *58* ^{Years}

Months

Days

Sex *Male*Color or Race *White*Birth-place *Balto. Co.*Occupation *Farmer*Where Residing if not
at place of deathMarried, Single or Widowed *Married*Name of Wife or
Husband*Emma*Father's Name *Elijah Gordon*Father's Birthplace *Balto Co.*Mother's Maiden Name *Lee*Mother's Birthplace *Harford Co.*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary *Typhoid Fever*How long
*about 2 weeks*Immediate *Pneumonia*How long
*about 5 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. Thos. C. Bussey*

Address

*Texas**Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER

Interments at Poplar
Cemetery Sunday Feb. 18

Enclose some stamps

Thanking you very much
for your kindness

Yours Very Res.

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John H. Gasnell* Town *Deer Park* County *Balto*Date of death 1906 *Feb* Month *20* Day Age *55* Years *5* Months *15* DaysSex *Male* Color or Race *White* Birth-place *Bondoon*Occupation *Farm Hand* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or HusbandFather's Name *Peter Gasnell* Father's Birthplace *Leah's town*Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*Name of person giving information *L. Milton Gasnell* How related to deceased *Nephew*

CAUSES OF DEATH

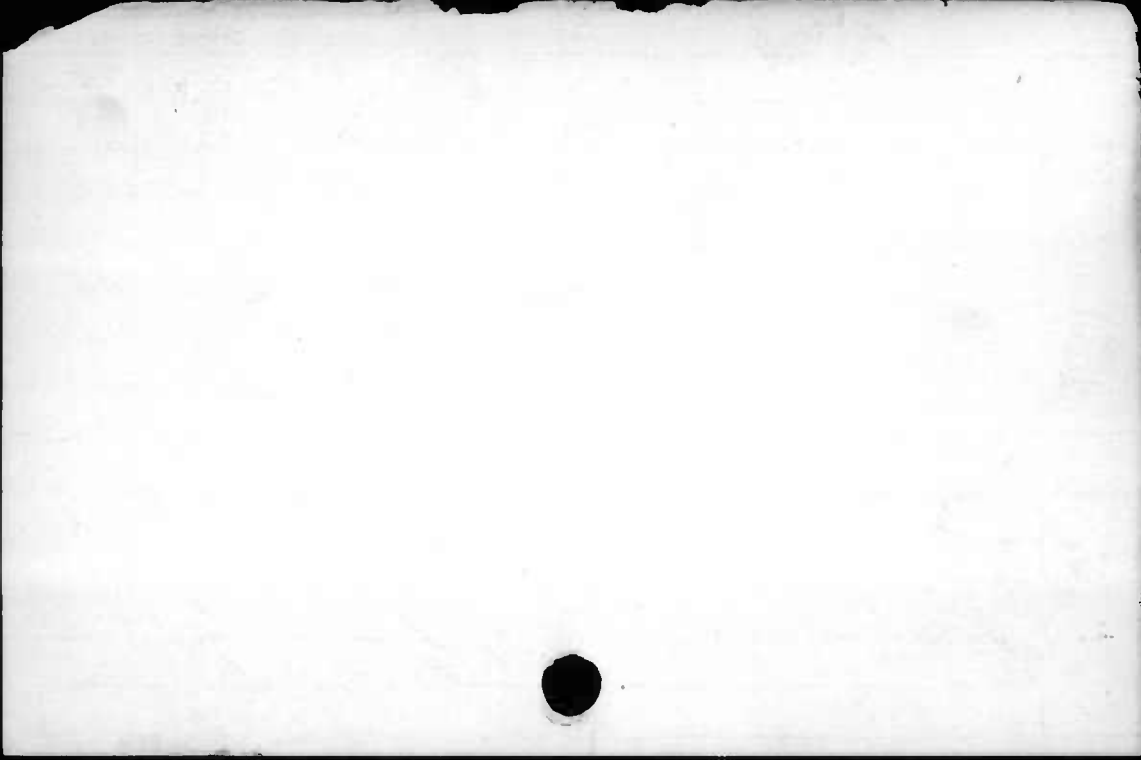
Primary *Phthisis* (27) How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *P. H. Wells*Address *Harrisonville*

Accident or Suicide?



Name
in
Full

Margaret Hauvelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Evona</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1906	Month <i>Feb</i>	Day <i>26</i>	Age	Years <i>77</i>	Months <i>5</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Harford Md.</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Mrs. Hauvelton</i>							
Father's Name <i>Hauvel</i>				Father's Birthplace <i>(79)</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Mary Ann Connelly</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>6 or 8 Months</i>
Immediate	<i>Heart Syncope</i>	How long	<i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>A. P. Mitchell</i>	
Address		<i>Worthington</i>	
Accident or Suicide?		<i>No</i>	

Interment Thursdy March, 1874
at Spindals Cemetery Balto
Co.

Kindly return permit to

W. C. Brooks Undertaker

Philopots Ind

Name
in
Full

Grace Harden

CERTIFICATE OF DEATH

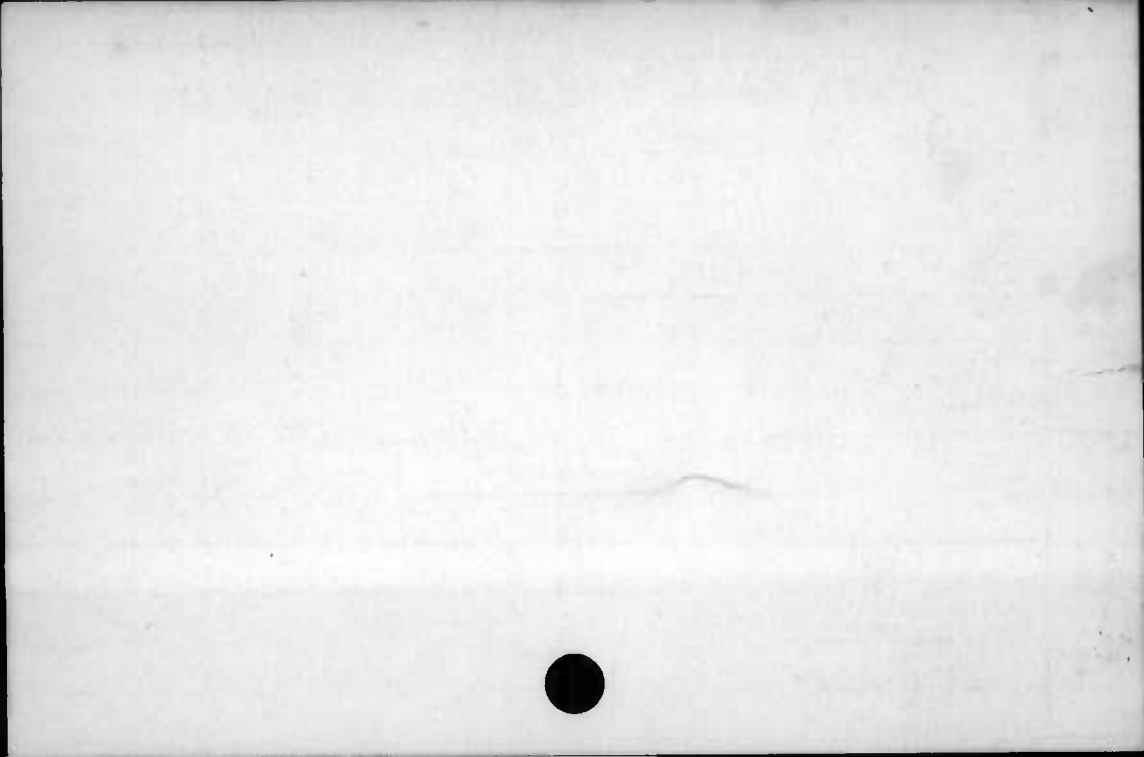
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Balto Co.</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>Feb.</i> ^{Day} <i>27</i>	Age	<i>1</i> ^{Years}	<i>3</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Balto Co.</i>
Occupation		Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Nathaniel Harden</i>			Father's Birthplace	
Mother's Maiden Name	<i>Emma Thompson</i>			Mother's Birthplace	<i>Balto Co.</i>
Name of person giving information	<i>Frank Clark</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James Gore M.D.</i>
		Address	<i>Reisterstown</i>
Accident or Suicide?			



Name

in
Full

Bessie Borkes Harmon

CERTIFICATE OF DEATH

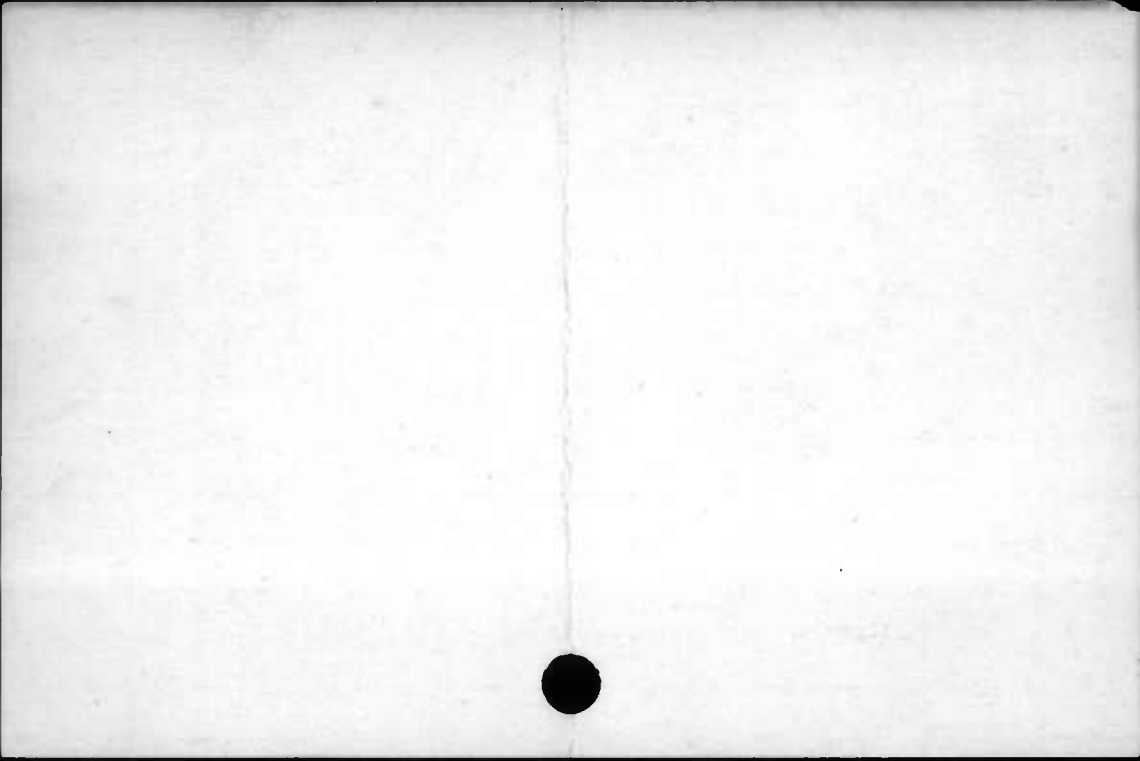
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lexas</u> Town		<u>Bald</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>19</u>	Age <u>7</u> Years	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Lexas Md</u>		
Occupation <u>room - infant</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>John Harmon</u>			Father's Birthplace <u>Baldco. Md</u>		
Mother's Maiden Name <u>Ada Borkes</u>			Mother's Birthplace <u>Lexas Md</u>		
Name of person giving information <u>(Father) John Harmon</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Indigestion - Inanition</u>	How long <u>7 months</u>
Immediate <u>meningitis - Convulsions</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. B. Bannan</u>
	Address <u>Cockeysville Md</u>
Accident or Suicide? <u>neither</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth M. Harner

Town *Baltimore* County *Baltimore* MARYLAND

Died at *Baltimore*

Date of death *1906* Month *2* Day *9* Age *65* Years *2* Months *1* Days *1*

Sex *Female* Color or Race *White* Birth-place *Bermary*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Adam Harner*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *u* Mother's Birthplace *u*

Name of person giving information *Dora Maith* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* *93* How long *8 days*

Immediate *Heart failure* How long *3*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *J. E. Smith M.D.* Address *530 Howard St Balto.*

Accident or Suicide? *No.*

Mr. Cassius L. Loomis

Name
in
Full

CERTIFICATE OF DEATH

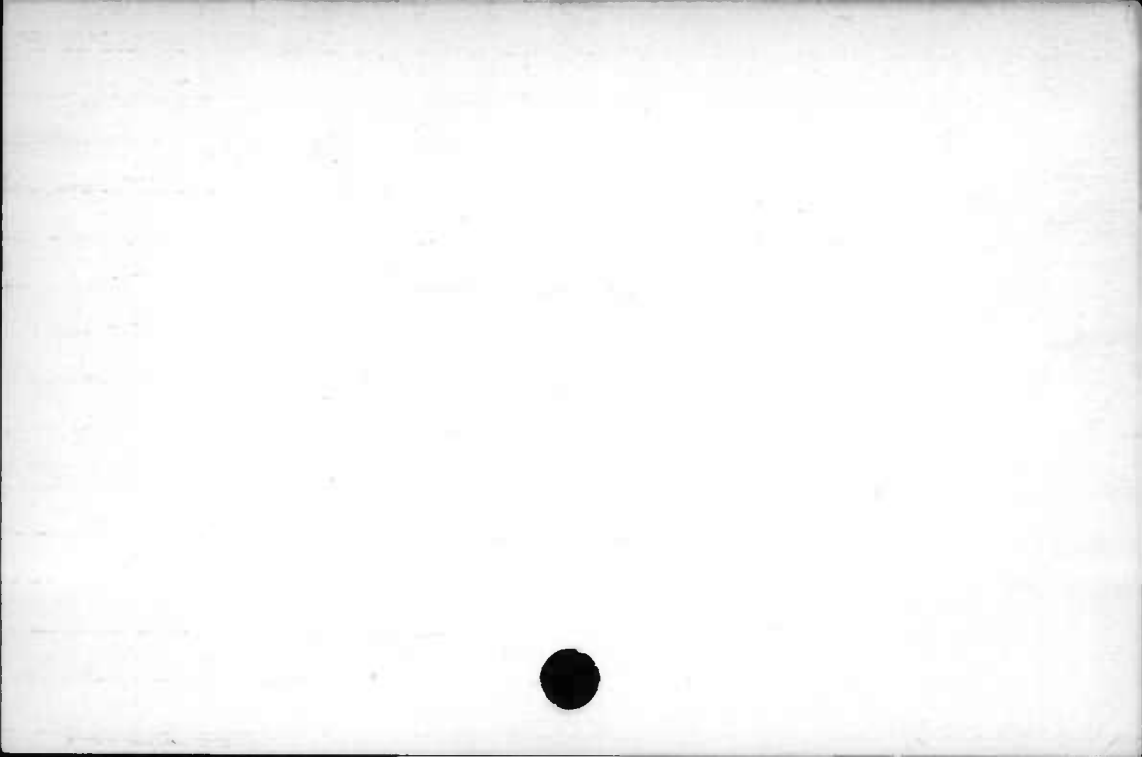
TO BE ANSWERED BY
NEAREST FRIEND

Henry Hartman		Town		County		MARYLAND	
Died at		1945		C. Alms house			
Date of death		1906		2		27	
Sex		Male		Color or Race		white	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Dr. Phos C Bussay
Address	Texas
Accident or Suicide?	Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martin H. Hastler</i>		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Canton</i>		Month <i>2</i>		Day <i>15</i>		Years <i>26</i>	
Date of death <i>1906</i>		Month <i>2</i>		Day <i>15</i>		Years <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Months <i>18</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Hastler</i>					
Father's Name <i>Henry Hastler</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Minnie Sommers</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Elizabeth Hastler</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>6 mos.</i>
Immediate <i>Asthemia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. J. McAvoy M.D.</i>
	Address <i>839 S. Canton St.</i>
Accident or Suicide?	



611

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Henry Henderson		Town Canton		County Bullo		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		July		47		26	
Sex Male		Color or Race Black		Birth-place Va			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Anna Grimes					
Father's Name Henry Henderson		Father's Birthplace Va					
Mother's Maiden Name Nancy Marshall		Mother's Birthplace "					
Name of person giving information George Grimes		How related to deceased Bro & Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause Acute Lobar Pneumonia		How long 7 days	
Immediate Cause Collapse		How long (93)	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. S. B. Key	
Address [Redacted]			
Accident or Suicide? [Redacted]			



10
11
12

Name

in
Full

Mrs. Ellen Elizabeth Hewell

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Mt. Washington ^{County} Baltimore

Date of death 1906 February sixth Age About 70. Months Days

Sex Female Color or Race White Birth-place Ireland

Occupation Owner of a Dairy. Where Residing if not at place of death Mt. Washington.

Married, Single or Widowed Widowed Name of Wife or Husband George Hewell

Father's Name Lawrence Burke. Father's Birthplace Scotland

Mother's Maiden Name Doris Know. Mother's Birthplace Scotland

Name of person giving information Mrs. Carroll Lomey How related to deceased Daughter

CAUSES OF DEATH

Primary Cerebral Hemorrhage (64) How long five days

Immediate Pulmonary Aedema How long two days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Dr. Josiah S. Brown, Jr.

Address Mt. Washington, Balto Co. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Place of burial, St. Mary's Cemetery,
Hampden, Baltimore.

Undertaker, Henry W. Mears & Son.

Name
in
Full

CERTIFICATE OF DEATH

Wm. D. Hill

Town, City, or District

County

MARYLAND

Died at Catonsville

Balto.

Date

of death 1906

Month

Feb.

Day

13

Age

Years

69

Months

11

Days

25

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

Designer

Where Residing if not
at place of deathMarried, Single,
or Widowed

Widower

Name of Wife or
HusbandFather's
Name

Andrew Hill

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Susan Knight

Mother's
Birthplace

Balto. Co.

Name of person giving
Information

H. H. Hill, Roland Park

How related
to deceased

CAUSES OF DEATH

Primary

Mitral Insufficiency

How long

3 or 4 yrs.

Immediate

Emphysema

How long

17 yrs.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Chas B. Ziegler

Address

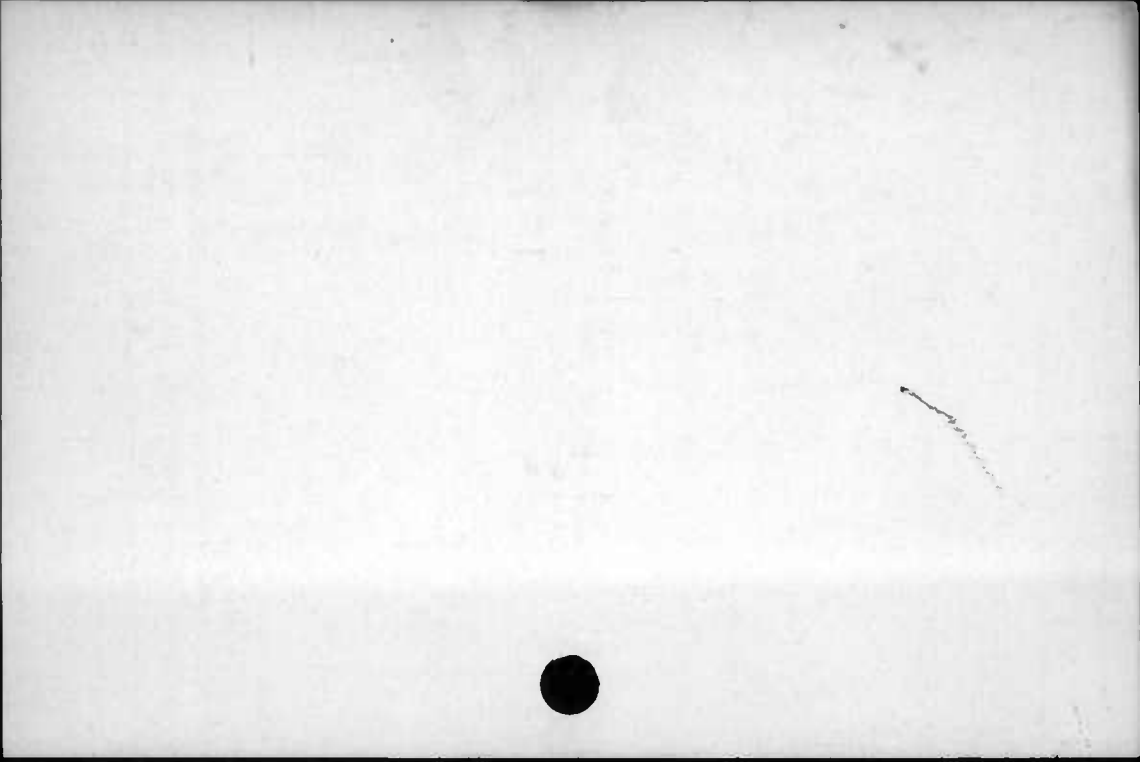
530 N. Broadway

Accident or Suicide?

(H. M.)

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Currys Mills</i> Town <i>Bath</i> County		Date of death <i>1926</i> Year <i>24</i> Month <i>April</i> Day <i>6</i> Age <i>61</i> Years <i>0</i> Months <i>0</i> Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>House work</i>		
Name of Wife or Husband <i>Jas Harris</i>		Father's Name <i>John Morgan</i>	
Mother's Maiden Name <i>Bridget Mann</i>		Father's Birthplace <i>Ireland</i>	
Name of person giving information <i>Margaret Mann</i>		Mother's Birthplace <i>Ireland</i>	
		How related to deceased <i>Cousin</i>	

CAUSES OF DEATH

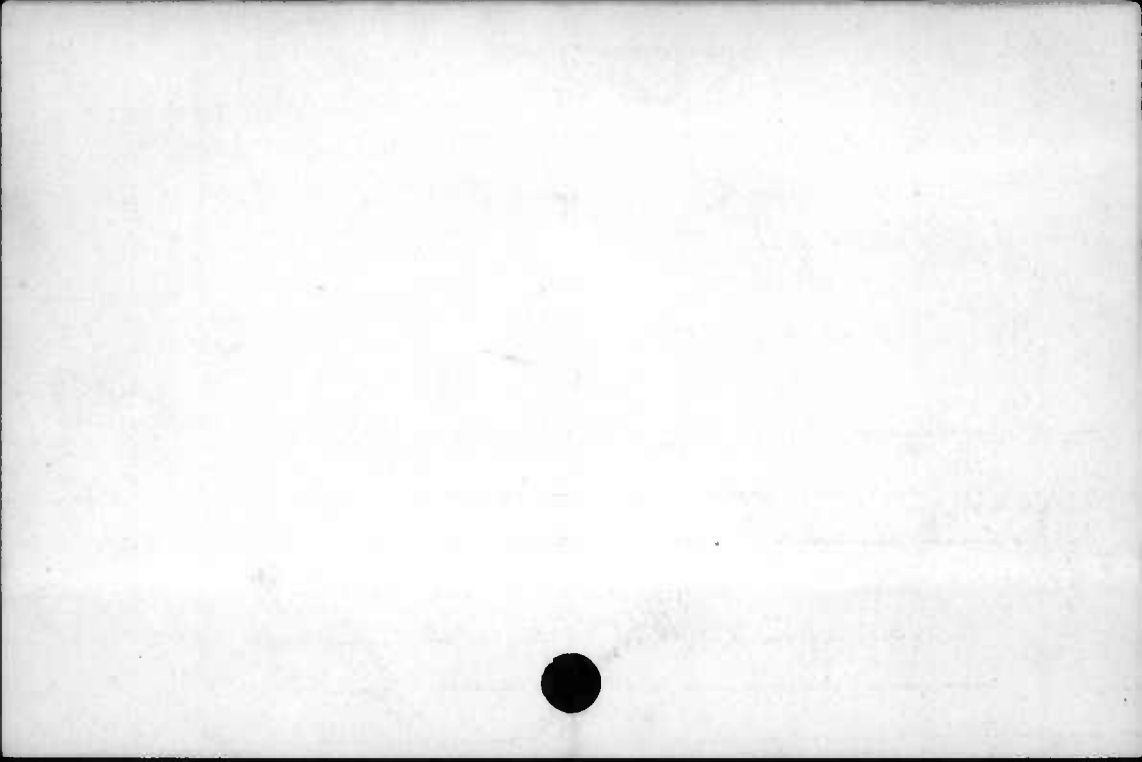
PHYSICIAN
OR CORONER

Primary Cause of Death <i>Gangrene of Limb. (96)</i>	How long <i>about 6 months</i>
Immediate Cause <i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. H. O. Dussley</i>
	Address <i>Fetters Ind.</i>
Accident or Suicide?	

Funeral at Texas
Monday Feb 26

W. L. Brooks

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highlandtown</i>				<i>Baltimore</i>		MARYLAND			
		Date of death <i>190</i>		Month <i>Feb.</i>	Day <i>21</i>	Age <i>4</i>	Years <i>4</i>	Months <i>—</i>	Days <i>—</i>		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>					
		Occupation <i>none</i>		Where Residing if not at place of death <i>20 Foster Ave</i>							
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
		Father's Name <i>Christ Hoffmann</i>		Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>Mary Rosenmiller</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving information <i>Christ Hoffmann</i>		How related to deceased <i>Father</i>									
CAUSES OF DEATH											
PHYSICIAN OR CORONER 1		Primary <i>Pleuritis</i>				How long <i>three weeks</i>					
		Immediate <i>Eclampsia</i>				How long <i>one hour</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Edw. J. Jones</i>					
						Address <i>1504 E. Eager St.</i>					
		Accident or Suicide?				<i>Bald City</i>					



Name
in
Full

Peter Hofmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Canton		Town		Baltimore		County		MARYLAND	
Date of death		1906		Feb.		27		Age		78	
Sex		Male		Color or Race		White		Birth-place		Germany	
Occupation		Retired Storekeeper		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Anna Klob					
Father's Name		Johannes Hofmann		Father's Birthplace		Germany					
Mother's Maiden Name		Maria Beck		Mother's Birthplace		Germany					
Name of person giving information		Anna Hofmann (Wife)		How related to deceased		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	about a year
Immediate	Asthma	How long	about three weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Fredk. Alonsadi, M.D.	
Address		2221 E. Baltimore, St. Baltimore, Md.	
Accident or Suicide?			

Loudon Park Cemetery

Feb. 2nd
Germanus Hance

Undisputed

Name
in
Full

Robert L Hollander

CERTIFICATE OF DEATH

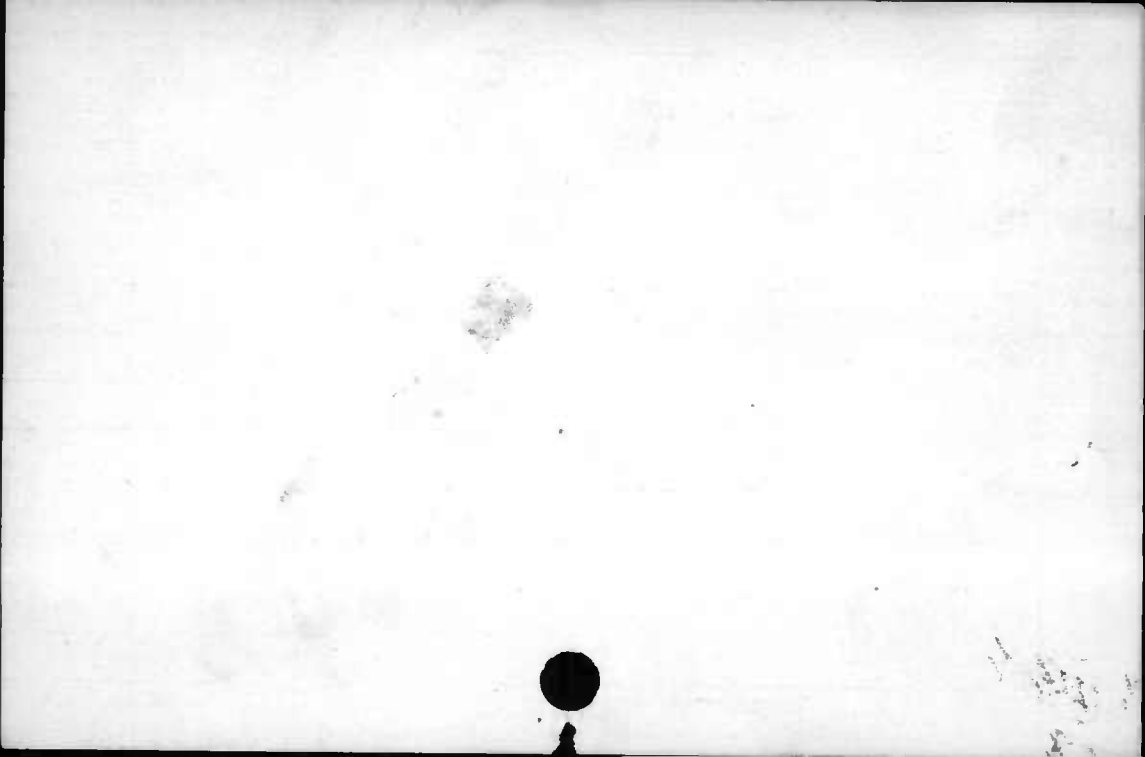
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Arlington		County Baltimore		MARYLAND	
Date of death		1906	Month Feb	Day 17	Age 59	Years	Months Days
Sex male		Color or Race white		Birth-place Md			
Occupation Farmer				Where Residing if not at place of death Baltimore			
Married, Single Single		Name of Wife or Husband unknown					
Father's Name unknown				Father's Birthplace Md			
Mother's Maiden Name "				Mother's Birthplace "			
Name of person giving information Harry Holland				How related to deceased son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grippe	How long	10 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Edmund E. Jones	
		Address	
		Arlington Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i>		Town <i>Balto</i>		County	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>11</i>	Age <i>70</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>George Hughes</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ellen Fishpaw</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Annie Hughes</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complication Heart Kidneys. Cho. Rheumatism</i>	How long
Immediate <i>Pulmonary. Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Kemp</i>
	Address <i>8 W. 25th St</i>
Accident or Suicide?	

Ja Brook
Mt Olive

Dr Kemp #8 W. 25th St

Name in Full

Certificate of Death

Randolph Moore Isaac

Died at ^{Town} Sheppard and ^{County} Pratt Hosp ^{Town} Towson ^{State} Baltimore MARYLAND

Date 1906	Month 2 - Day 10	Age 38 - 6 28	Y. M. D.	Native of Md	Occupation Atty at Law
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of _____
Wife

Father's Name	William Moore Isaac	Mother's Maiden Name	Eleanor P Phillips
---------------	---------------------	----------------------	--------------------

Cause of Death	Primary	Parries	How long sick 3 yrs +
	Immediate	Exhaustion	
			Accident, Suicide, Homicide

Reported by Dr. Conner

Address (1) Sheppard and Pratt Hosp Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Grind Ridge &
Cemetery

Stewart & McQueen
215 Park Ave

Name
in
Full

Robert Lee Johnson

CERTIFICATE OF DEATH

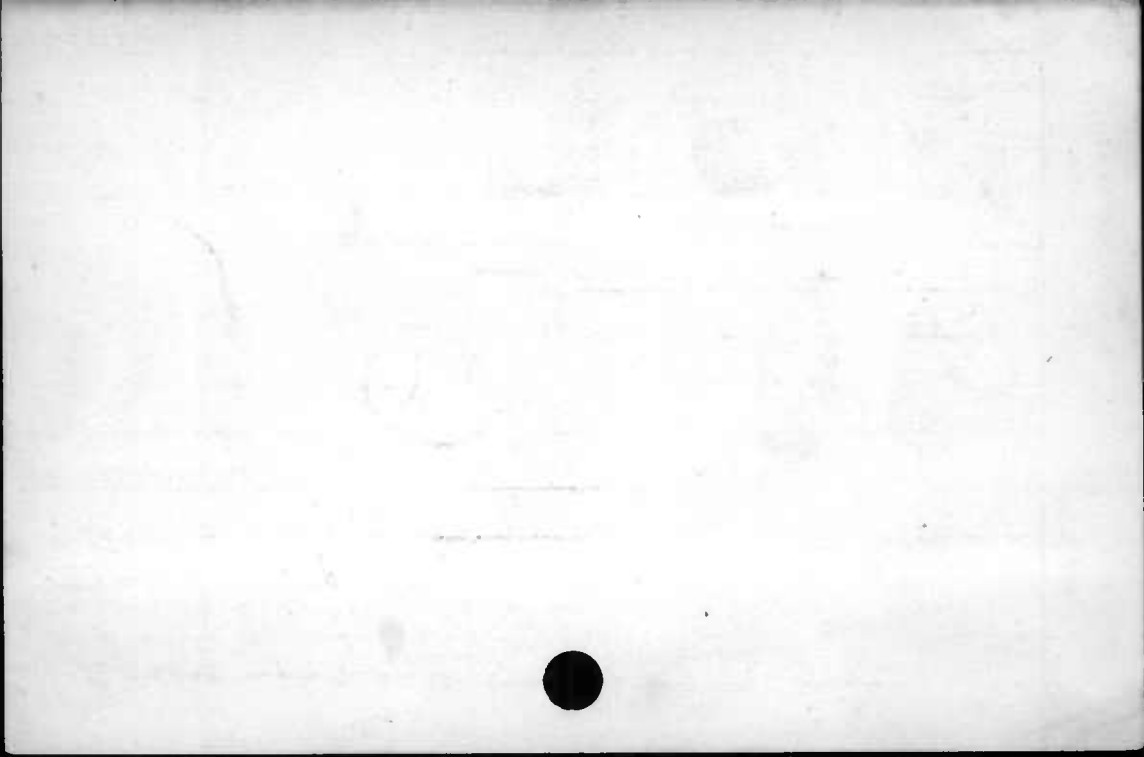
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	23			9	3
Sex	Color or Race	Birth-place					
male	white	Ind					
Occupation				Where Residing if not at place of death			
				Sum			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Robert Johnson				Ind			
Mother's Maiden Name				Mother's Birthplace			
Emma Trach				Ind			
Name of person giving information				How related to deceased			
Emma Trach				mother			

CAUSES OF DEATH

Primary	How long
Tramatis Meningitis	2 weeks
Immediate	How long
Coma	few hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	H. F. Triple and
	Address
	Sum Ind
Accident	

PHYSICIAN
OR CORONER



Name
in
Full

Still born infant

Karmann
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at Sparrow Point

Town

County

Date of death 1906 Feb

Month

5th

Day

Age Years

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Sparrow Point

Occupation

Where Residing if not
at place of death

"

"

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Joseph Karmann

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Rederer

Mother's
Birthplace

Germany

Name of person giving
Information

Mary L. Karmann

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still born infant

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. C. McCormick MD

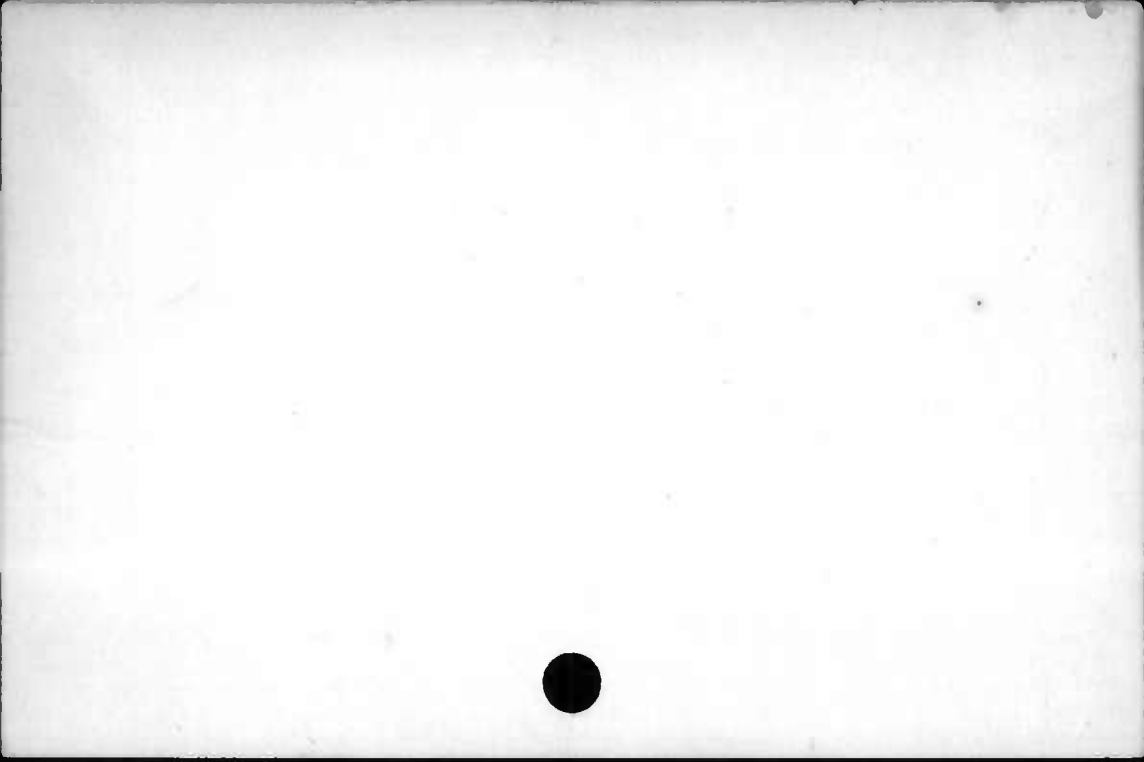
Address

Sparrow Point Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph G. Keeny* Town *Freeland P.O.* County *Baltimore* MARYLAND

Died at *Freeland P.O.*

Date of death *1906* Month *Febry.* Day *21* Age *83* Years Months *23* Days

Sex *Male* Color or Race *White* Birth-place *Pennsylvania*

Occupation *Miller* Where Residing If not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *Henry Keeny* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *John H. Keeny* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *7 days*

Immediate *Mitral Stenosis* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

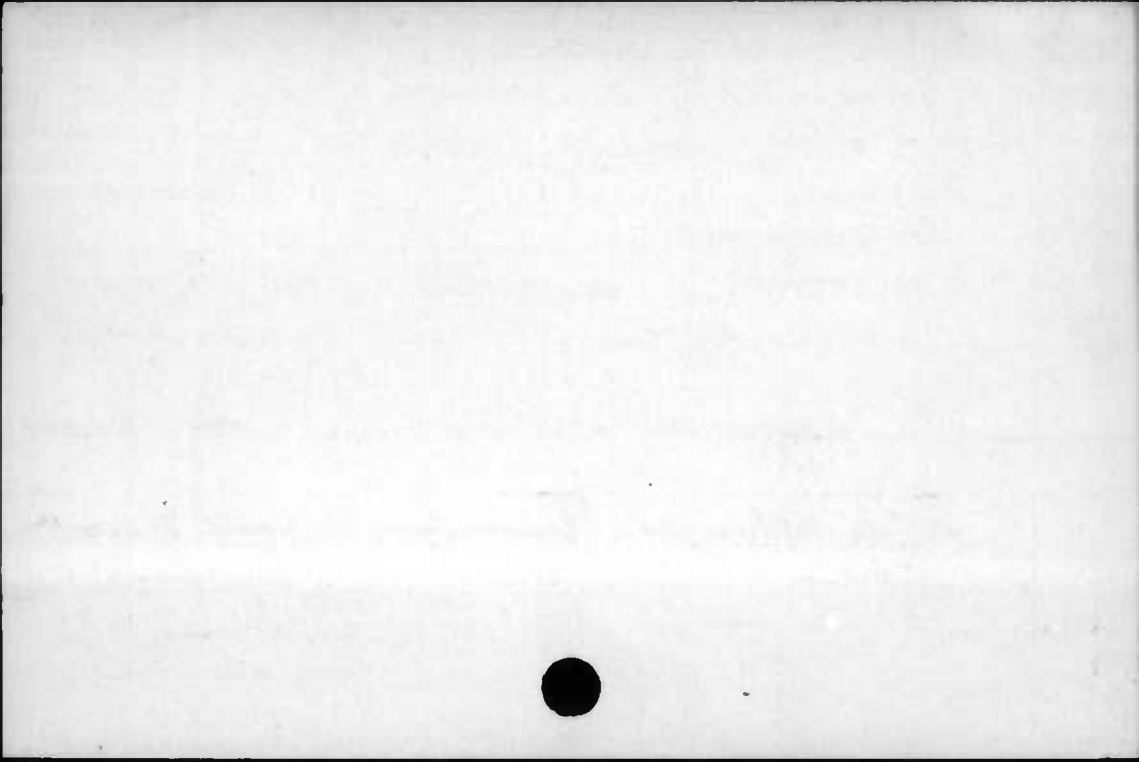
Address

Accident or Suicide?

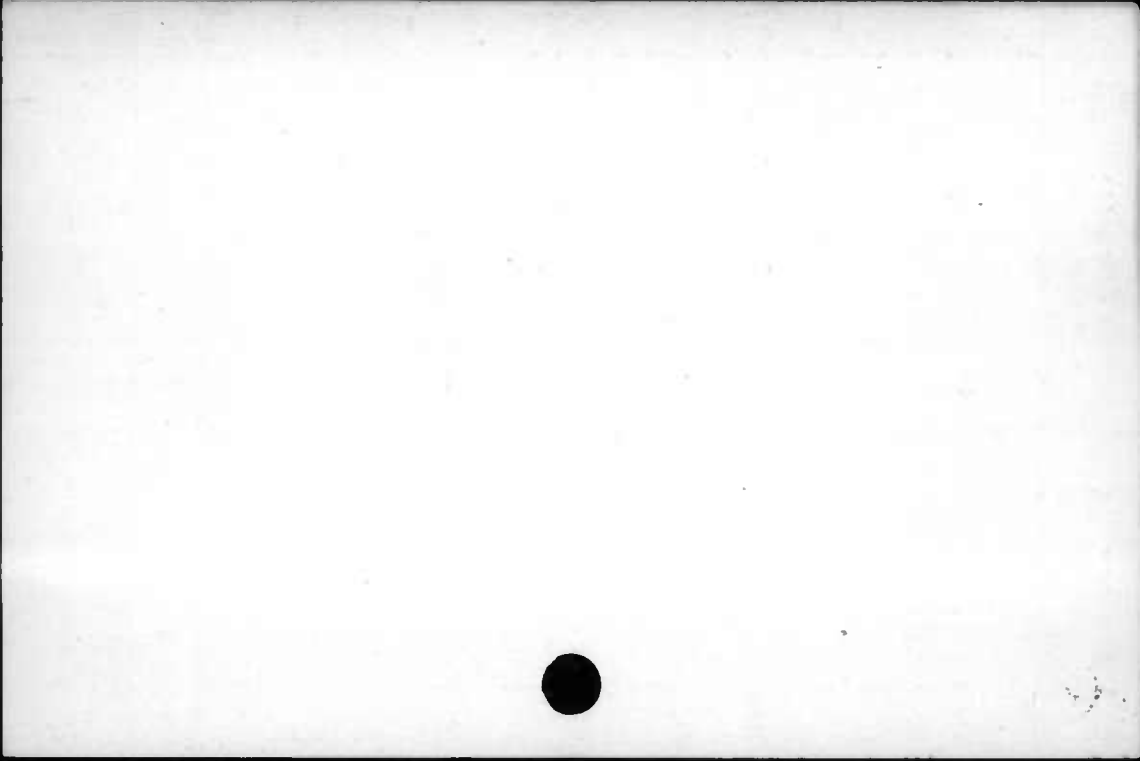
Joseph O. Pacarino

Freeland R.F. 5 #1

Baltimore Co. Md.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Pikesville</i> Town		<i>Balto</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>66</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>	
	Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laurance E. Kehoe</i>			
	Father's Name <i>John Toe</i>	Father's Birthplace <i>Ireland</i>			
	Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>			
Name of person giving information <i>Laurance Kehoe</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Acute Arterial Rheumatism</i>		How long <i>about 3 weeks</i>		
	Immediate <i>Cerebral Thrombosis</i>		How long <i>a few days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. J. M. M.</i>		
			Address <i>Pikesville Md</i>		
Accident or Suicide? <i>—</i>					



Name
in
Full

CERTIFICATE OF DEATH

Name *Michael J. Kelly*Died at *Mt Hope Retreat* ^{Town}*Baltimore* ^{County}

MARYLAND

Date

of death *1906*

Month

Feb

Day

28th

Years

Age *abt 45*

Months

Days

Sex

*Male*Color or
Race*White*Birth
place*Baltimore Md.*

Occupation

*Hohl Keeper*Where Residing if not
at place of death*Baltimore*Married, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband*Mary Kelly*Father's
Name*Patrick Kelly*Father's
Birthplace*Ireland*Mother's
Maiden Name*Margaret Kelly*Mother's
Birthplace*Ireland*Name of person giving
In formation*Reed Mount Hope Retreat*How related
to deceased*Not at all*

CAUSES OF DEATH

Primary

Acute Hepatitis

How long

abt 5 or 6 wks.

Immediate

Ex - Mraemia

How long

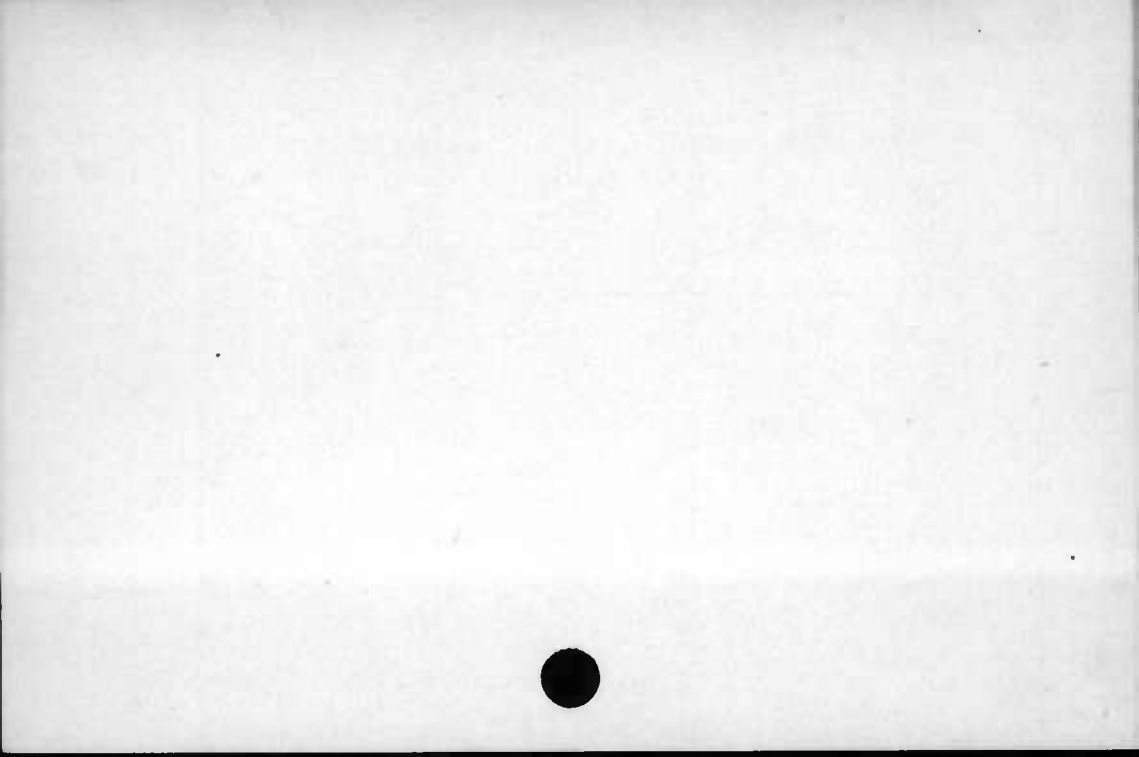
*abt 40 hrs.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Frank J. Flannery M.D.*

Address

Mt Hope Retreat

Accident or Suicide?

*Baltimore Co - Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gertrude A. Kelsall,

Died at 806 Second St. ^{Town} Canton^{County} Baltimore

MARYLAND

Date of death 1906 February

Day 27th

Age

Years

Months

Days 15

Sex Female

Color or Race

white

Birth-place

806 Second St. Canton

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Jos. Kelsall

Father's Birthplace

England

Mother's Maiden Name

Gertrude A. (Kelsall) Bloyer

Mother's Birthplace

Virginia

Name of person giving Information

Jos Kelsall

How related to deceased

Father

CAUSES OF DEATH

Primary

(93)

How long

Immediate

Acute Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos L. Richardson

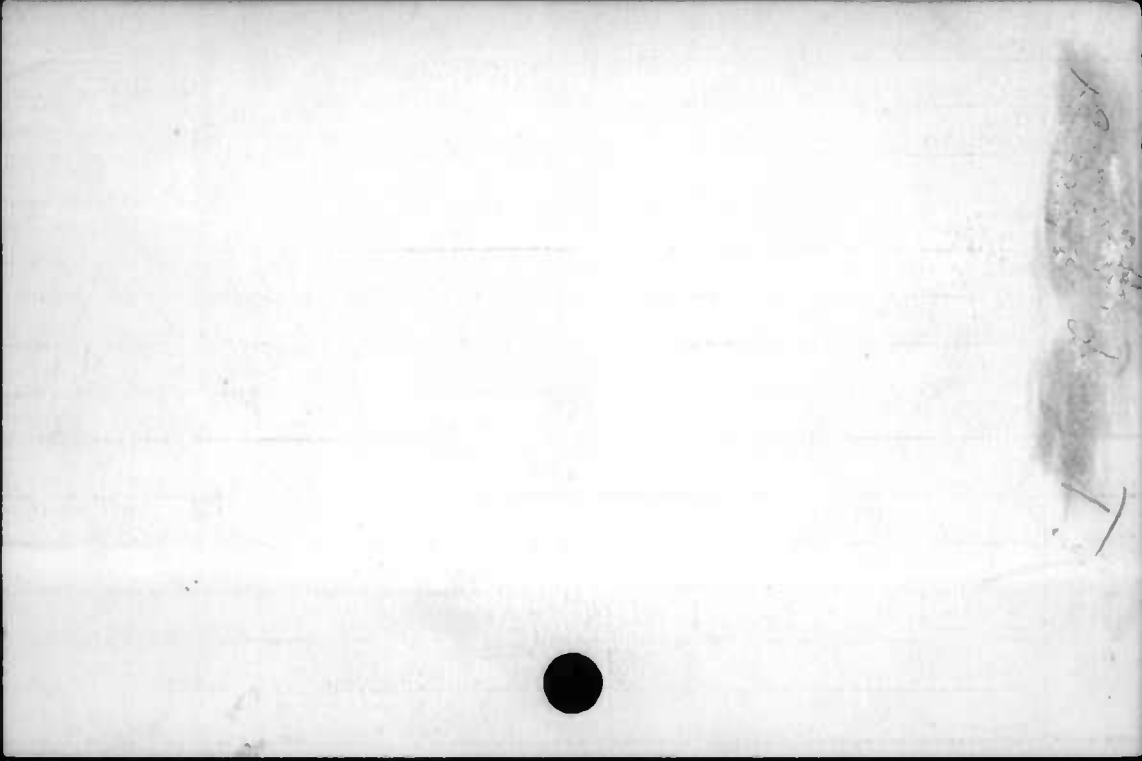
Address

112 W. Twenty-fifth St
Baltimore, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

(1)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda Lane</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>July</i> ^{Day} <i>7</i> ^{Years}	Age	<i>1</i> ^{Months}	<i>1</i> ^{Days}	
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Balt Co</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Harry Kauline</i>	Father's Birthplace	<i>Balt Co</i>		
Mother's Maiden Name	<i>Fannie Phelps</i>	Mother's Birthplace	<i>England</i>		
Name of person giving information	<i>Harry Kauline</i>	How related to deceased	<i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>93</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm D Cope M.D.</i>
		Address	<i>Gardenville Ind.</i>
Accident or Suicide?			



Name
in
Full

Rachel Rita

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phorruy</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	1906	Month	Feb	Day	26
Sex	Female	Color or Race	White	Years	6
Occupation	Housewife		Where Residing if not at place of death	Phorruy	
Married, Single or Widowed	Married	Name of Wife or Husband	Daniel B Rita		
Father's Name	John Zimmerman			Father's Birthplace	
Mother's Maiden Name	Rachel Mattitum			Mother's Birthplace	
Name of person giving information	Daniel B Rita			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pancreatic Cyst</i>	How long	<i>3 years</i>
Immediate	<i>Gastritis - incontinence</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr M. J. Benson</i>
		Address	<i>Leachapville, Md</i>
Accident or Suicide?			

Funeral on Wednesday
Feb. 28. at Populace
Cemetery.

W. G. Brooks,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>2</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>44</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>15</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of husband <i>Frank Kraft</i>				
Father's Name <i>Gen. F. Wiessner</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth V. Sanger</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Frank Kraft</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary <i>Gastro-Enteritis</i>	How long <i>3 wks</i>
Immediate <i>Purpura Hemorrhagica</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank C. Brissler</i>
	Address <i>1713 Bank r.</i>
Accident or Suicide? <i>no</i>	

Lorraine Lemley

H Lander Lons

Name

in
Full

Carl L. Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Canton* ^{Town}*Balto.* ^{County}Date of death *1906* ^{Month} *Feb.*Day *16*

Age

Years *5*Months *10*Days *18*Sex *Male*

Color or Race

White

Birth-place

Balto

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*William Kramer*Father's
Birthplace*Balto*Mother's
Maiden Name*Lida Dean*Mother's
Birthplace*"*Name of person giving
information*William Kramer*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Typhoid fever

How long

8 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. O. L. Long*

Address

*2429 1/2 St. W
Baltimore Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

Michael Kraus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

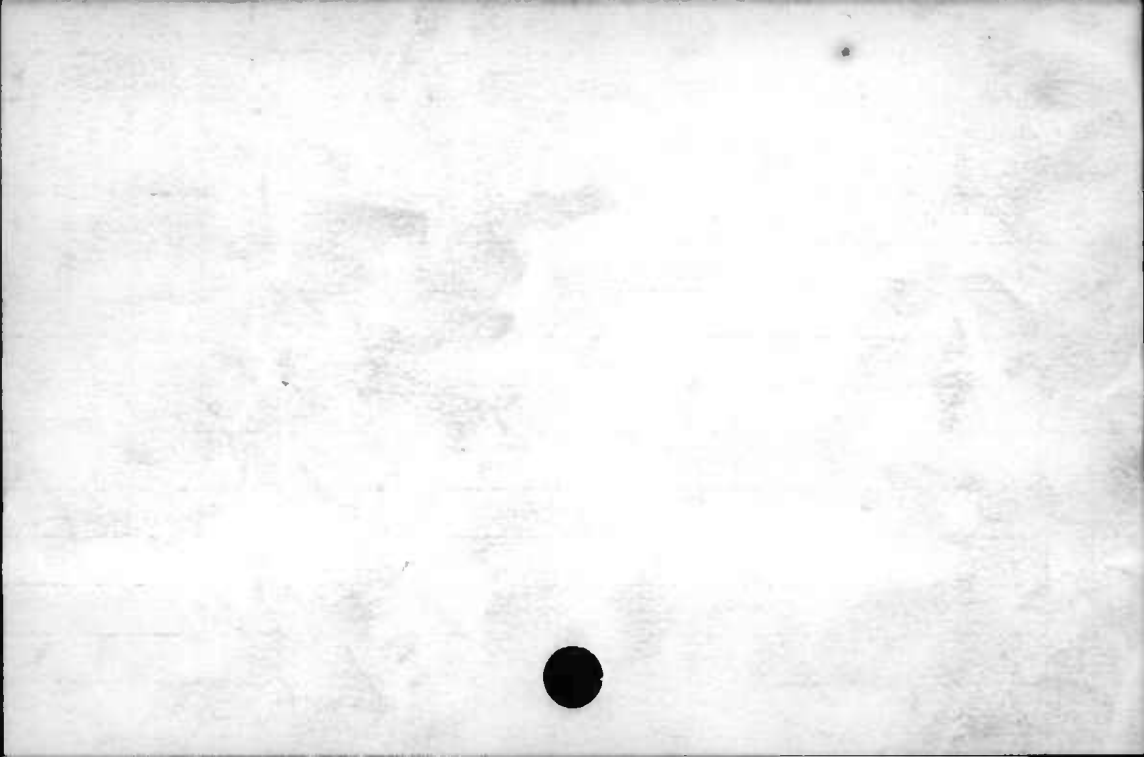
MARYLAND

Died at		Town		County	
Rose dale		Baltimore			
Date of death	1906	Month	Day	Age	Years
	10	2	10	38	
Sex	Male	Color or Race	W.	Birth-place	Germany
Occupation	Engineer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Elizabeth					
Father's Name	Not known		Father's Birthplace		
Mother's Maiden Name	"		Mother's Birthplace		
Elizabeth Kraus		Germany			
Name of person giving information	Elizabeth Kraus			How related to deceased	Wife

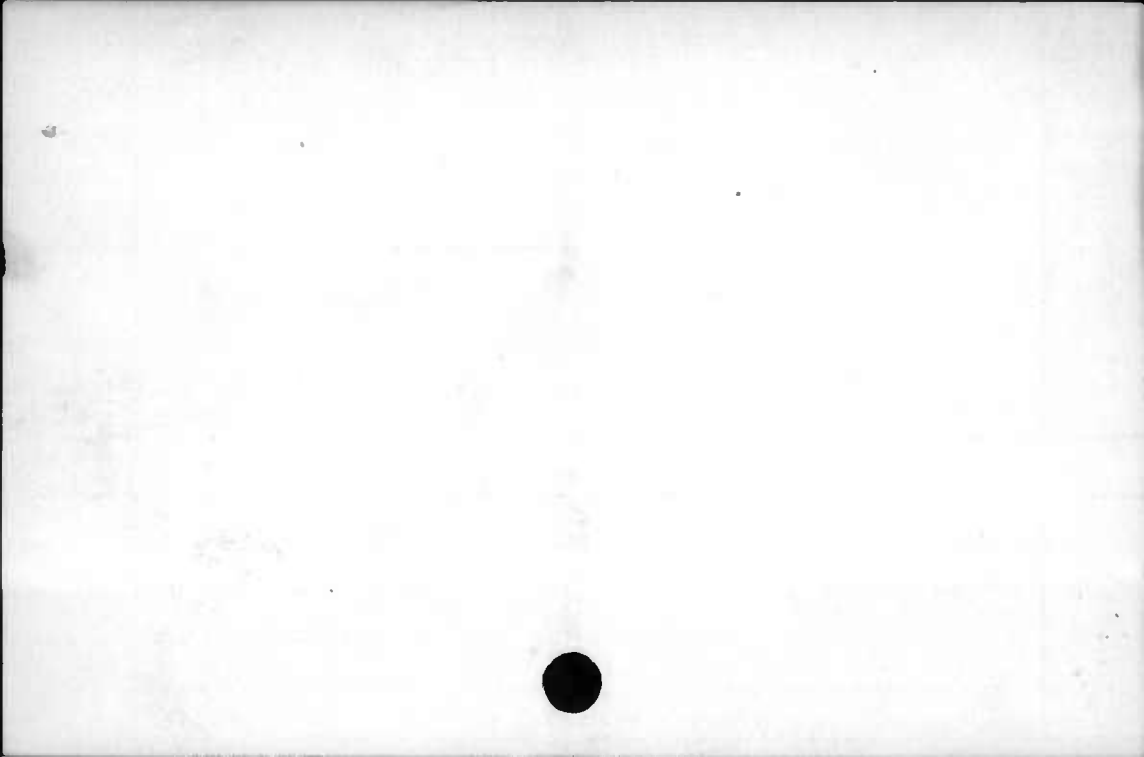
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Failure of compensation of Heart	How long	1 Month
Immediate	Heart	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Walter H. Hines
		Address	Hamilton,
Accident or Suicide?			



Name in Full Henry Kremborg		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Sparrows Point <small>Town</small> Baltimore <small>County</small>		MARYLAND
	Date of death 1906	Month Feb. Day 13th	Age about 45 <small>Years</small> Months <small>Days</small>
	Sex Male	Color or Race white	Birth-place Penna
	Occupation Rail mill mechanic		Where Residing if not at place of death Sparrows Point
	Married, Single <input checked="" type="checkbox"/> Single		Name of Wife or Husband _____
	Father's Name H. Kremborg, Sr.	Father's Birthplace Germany	
	Mother's Maiden Name Mary Anderson	Mother's Birthplace "	
Name of person giving Information H. J. Anderson		How related to deceased Brother-in-law	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Acute Alcoholism	How long 2 weeks	
	Immediate 56	How long _____	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. B. McCormick M.D.	
		Address Sparrows Point Md.	
	Accident or Suicide?		



Name
in
Full

Edward J. Kuhn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Gordons</u> ^{Town}		<u>Baltimore</u> ^{County}			
Date of death	1906	Month	Feb	Day	25
		Age	78	Years	
		Months		Days	
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Farmer</u>		Birthplace	<u>Adams co Pa.</u>	
Where Residing if not at place of death		<u>Hanover, York co. Pa.</u>			
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Sarah Kuhn</u>		
Father's Name	<u>Joseph Kuhn</u>		Father's Birthplace	<u>Adams co Pa</u>	
Mother's Maiden Name	<u>Jane McCabe.</u>		Mother's Birthplace	<u>Adams co Pa</u>	
Name of person giving information	<u>Jno J Kuhn</u>		How related to deceased	<u>1st Cousin</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	How long	<u>24 37 years</u>
Immediate	<u>apoplexy</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. C. Bessard</u>
		Address	<u>Sta. B. Gordons Balto Md.</u>
Accident or Suicide?	<u>Natural</u>		

To be Shipped to
Hanover Pa. —

Feb 25/906
Hanover Pa

Wm Cook
502 E 4 Ave

Name
in
Full

CERTIFICATE OF DEATH

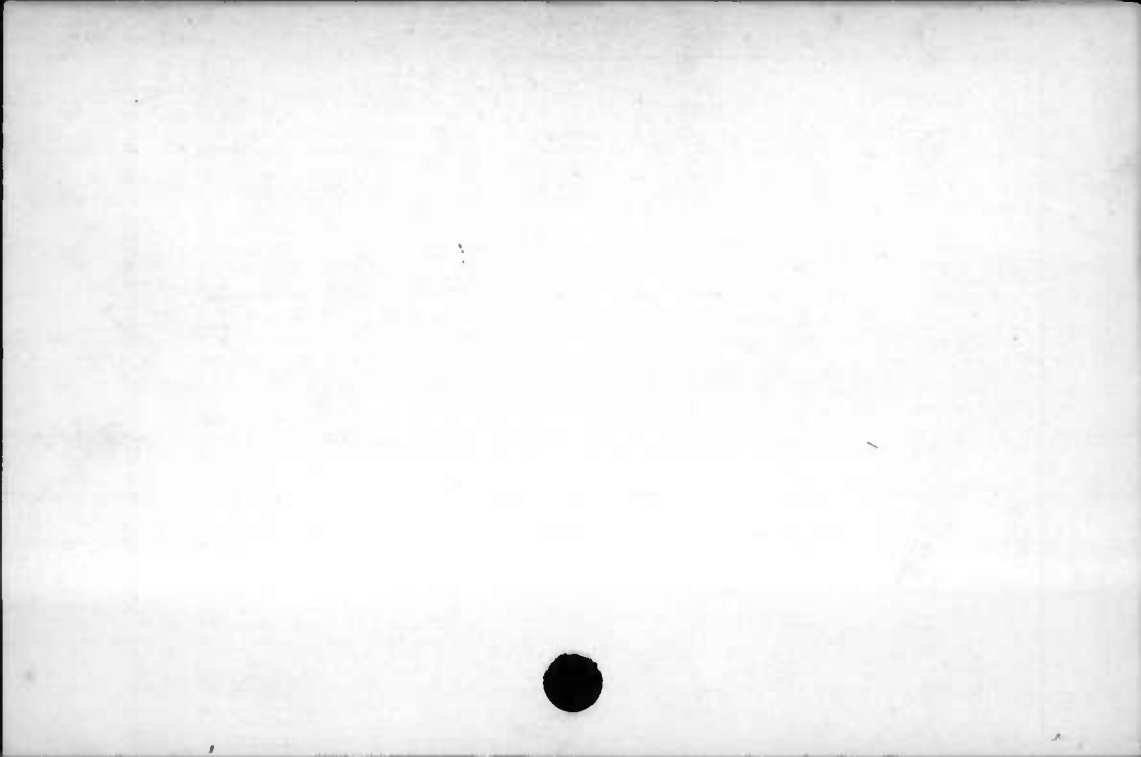
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1906	Feb.	Day	6th	Age	92
Sex		Male		Color or Race		White	
Occupation		Carpenter		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Widower		Name of Wife or Husband		Amelia Archer Goff	
Father's Name		John Lindsay		Father's Birthplace		Tyrone Ireland	
Mother's Maiden Name		Catherine Crawford		Mother's Birthplace		" "	
Name of person giving information		Mary A. Gollery		How related to deceased		81 Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age Arterio Sclerosis	How long
Immediate	Natural causes	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
	Jos. B. Webster M.D.	Raspelburg
Accident or Suicide?		



Name in Full		Alexina Low				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Middlemass Near Calonsville</i>		Town <i>Ball</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>37</i>	Years	Months <i>6</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
	Occupation <i>none</i>			Where Residing if not at place of death			
	Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband				
	Father's Name <i>Alexander M Low</i>		Father's Birthplace <i>Virginia</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Sussanah Brown</i>		Mother's Birthplace <i>Baltimore</i>				
	Name of person giving information <i>W. A Low</i>		How related to deceased <i>Brother</i>				
	CAUSES OF DEATH						
	Primary <i>Pulmonary Tuberculosis</i>		How long <i>about one year</i>				
Immediate <i>Asthma</i>		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles L Mattfeldt M.D.</i>					
		Address <i>Calonsville Md</i>					
Accident or Suicide?							

Lewis T. Schaffer
Lenora

Name
in
Full

Mary Ann McGinnis

CERTIFICATE OF DEATH

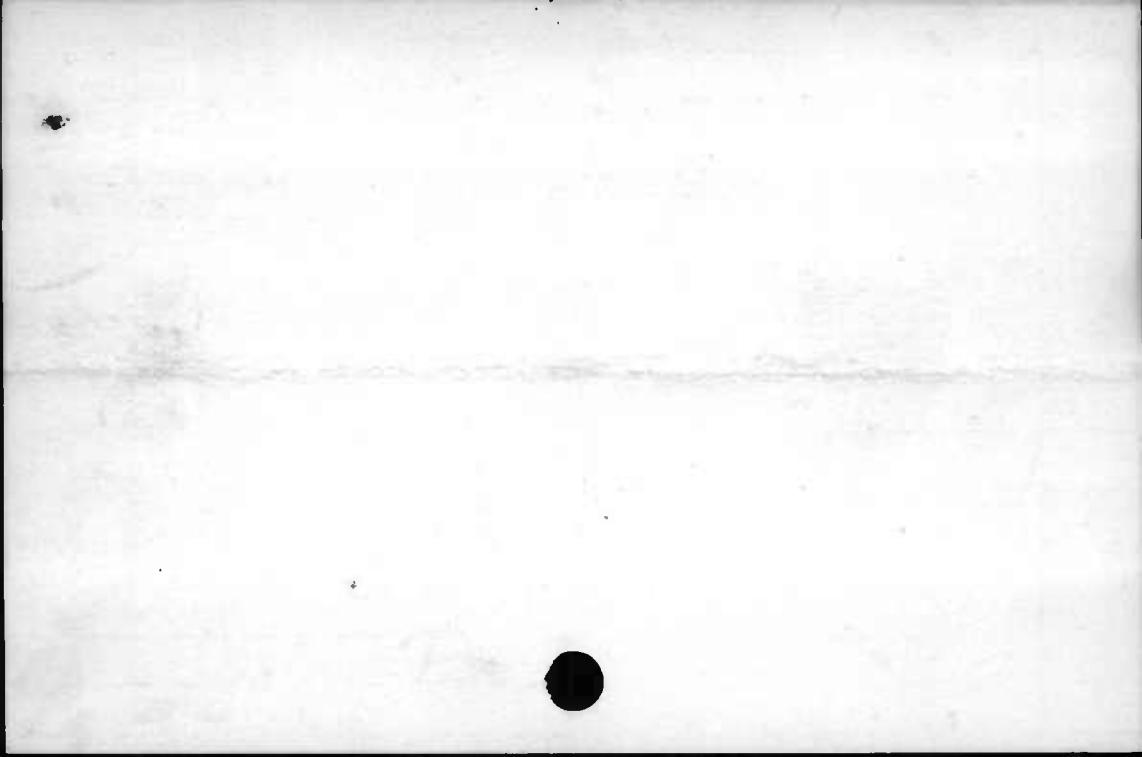
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockdale</i> ^{Town}		<i>Belt</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>February</i> ^{Month}	<i>24</i> ^{Day}	Age <i>76</i> ^{Years}	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Belt Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Rockdale</i>				
Married, Single or Widowed	Name of Wife or Husband <i>William G McGinnis</i>				
Father's Name <i>Peter Lipes</i>	Father's Birthplace <i>Mo a</i>				
Mother's Maiden Name <i>Melba Lipes</i>	Mother's Birthplace <i>Mo a</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis - softening of the brain</i>	How long <i>18 months</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>W. J. Lipes</i>	Address <i>Randallstown</i>
Accident or Suicide?	



Name in Full *William L. McLoud*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fitzell</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>8th</i>	Age <i>9</i> Years	Months <i>9</i>	Days <i>22</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. City</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Fitzell</i>		
Married Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry McLoud</i>			Father's Birthplace <i>Balto. City</i>		
Mother's Maiden Name <i>Carrie L. Roberts</i>			Mother's Birthplace <i>Balto City</i>		
Name of person giving Information <i>Harry McLoud</i>			How related to deceased <i>father</i>		

(92)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Double Broncho-Pneumonia</i>	How long <i>5 days</i>
Immediate <i>exhaustion</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. B. McCormick M.D.</i>
	Address <i>Sparrows Point</i>
Accident or Suicide? <i>no</i>	

(1)



Name
in
Full

Howard G. McVey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stennis River</i>		Town <i>Stennis</i>		County <i>Bullock</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Feb.</i>	Day <i>2nd</i>	Age <i>1</i>	Years	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Stennis River</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>None</i>			Name of Wife or Husband				
Father's Name <i>Frank McVey</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Ruth Baker</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Lewis Baker</i>			How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <i>Infantile Atrophy</i>	How long <i>3 Months</i>
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. O. Wood M.D.</i>
	Address <i>Stennis River Md</i>
Accident or Suicide?	

21-10-1881

Name
In
Full

Anton Mandick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Canton		Balto									
Date of death		1906	Month	Feb	Day	9	Age	Years	22	Months	—	Days	—
Sex		Male		Color or Race		white		Birth-place		Balto Co			
Occupation		Laborer		Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Martin Mandick						Father's Birthplace		Austria			
Mother's Maiden Name		Catherine Bear (deceased)						Mother's Birthplace		Switzerland			
Name of person giving information		Martin Mandick						How related to deceased		Bro.			

CAUSES OF DEATH

Primary

Rheumatic Fever

(47)

How long

Immediate

Valvular Disease Heart

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. H. Arney

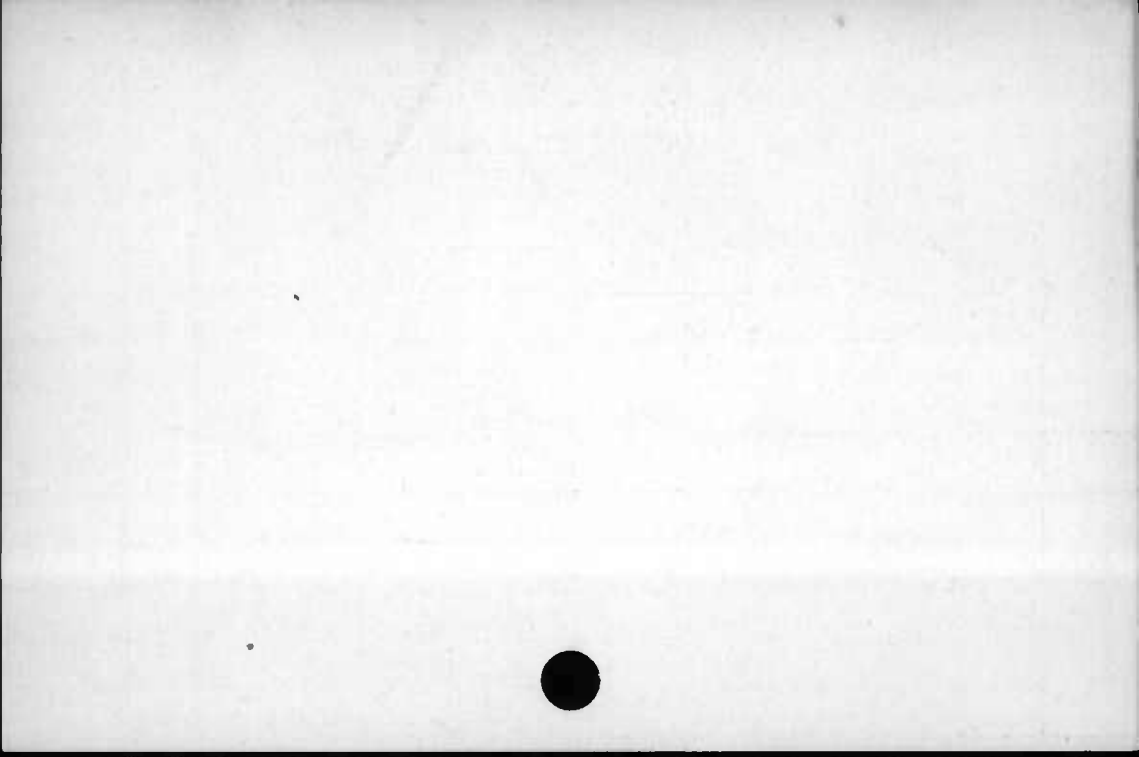
Address

2 Hudson St. E. 12

Accident or Suicide?

PHYSICIAN
OR CORONER

(1)



Name
in
Full

CERTIFICATE OF DEATH

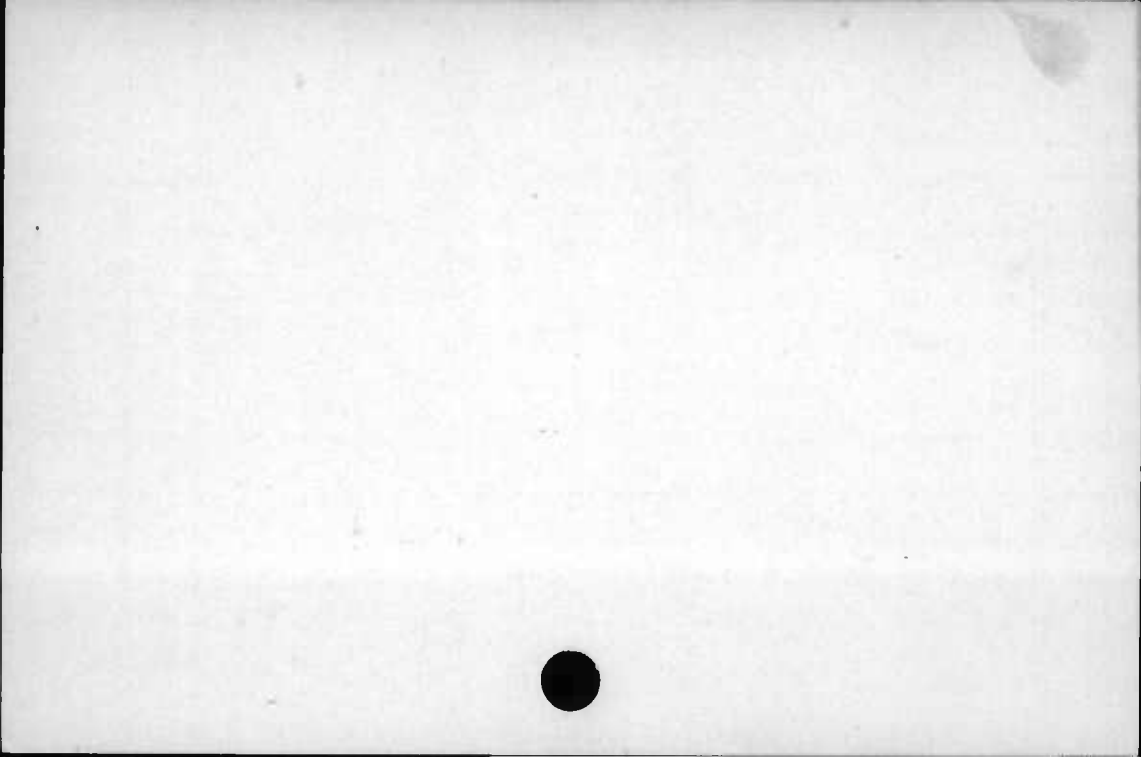
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* *Baltimore*Date of death *1906* *7th* *23rd* *Age 66* *unknown* *unknown*Sex *Male* Color or Race *White* Birthplace *Ireland*Occupation *Scutlerman* Where Residing if not at place of death *New York*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *"* Mother's Birthplace *"*Name of person giving information *Reeds Mt Hope Retreat* How related to deceased *NOT at all*

CAUSES OF DEATH

Primary *Mania Chronic* *(145)* How long *abt 39 yrs*
Immediate *Ex-Carcinoma - R. Clavicle* How long *abt one year*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery M.D.*Address *Mt Hope Retreat*
*Baltimore Md*Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

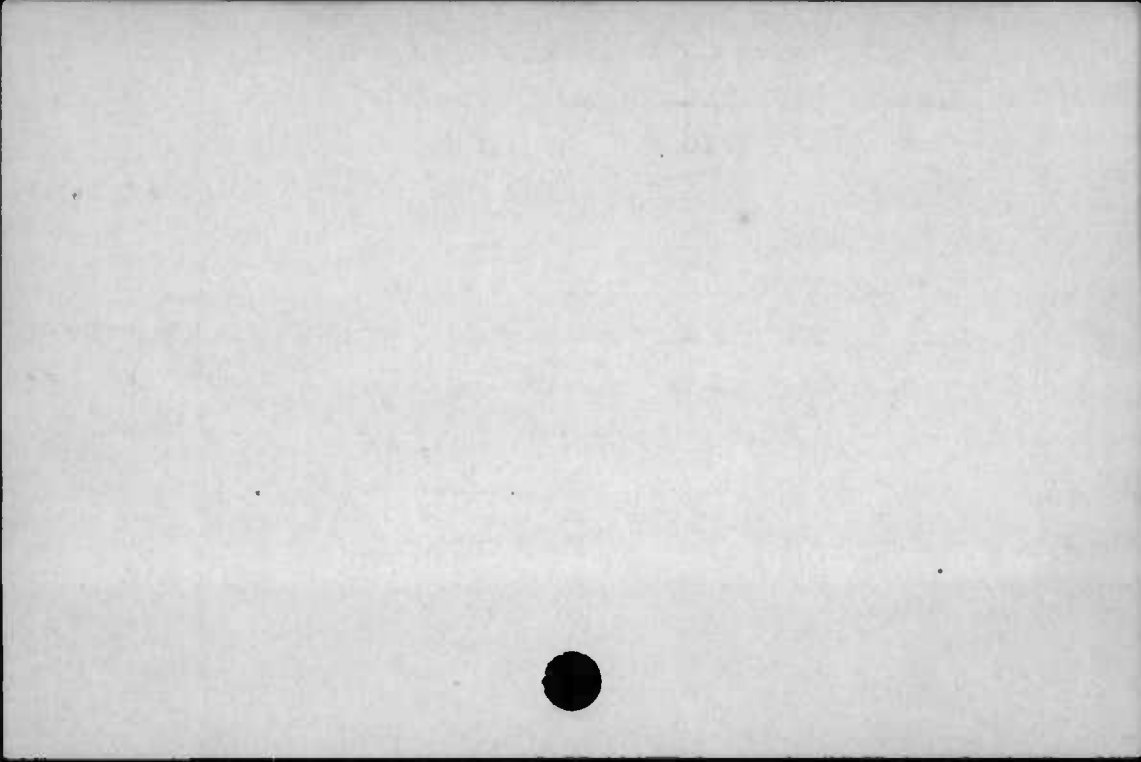
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie Martin</i>		Town <i>Berean</i>		County <i>Baile</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 2nd 14</i>		<i>69</i>		<i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Berean</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Berean</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Martin</i>		Father's Birthplace <i>Don't Know</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>..</i>					
Name of person giving information <i>Grant Benson</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

Primary	<i>Obstruction of Bowels</i>	How long	<i>one week</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. Drash M.D.</i>	
		Address	
		<i>1 Butler M.D.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Joseph E Mattingly
Tenn County

CERTIFICATE OF DEATH

MARYLAND

Died at near Reisterstown Baltimore
Date of death 1906 Feb 24 Age 38
Months — Days —

Sex Male Color or Race white Birth-place St Marys co

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name J. W. Mattingly Father's Birthplace St Marys co

Mother's Maiden Name Lydia A. Jahn Mother's Birthplace " " "

Name of person giving information Geo Mattingly How related to deceased Brother

CAUSES OF DEATH

Primary Don't know (179) How long Don't know

Immediate Cardiac Failure How long Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. R. Rouse

Address Glyndon

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(1)



Time
in
Full

Margaret H Mayes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town
Philopolis

County

Balto

Date

of death

1906

Month

Feb.

Day

5

Age

Years

76

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto Co

Occupation

Where Residing if not
at place of death

Philopolis

Married, Single
or Widowed

Name of Wife or
Husband

Wm R. Mayes

Father's
Name

Jeremiah Mayes

Father's
Birthplace

X

Mother's
Maiden Name

Elizabeth H. Lee.

Mother's
Birthplace

X

Name of person giving
information

Minnie E. Brooks

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Chronic intestinal dysentery

How long

Years

Immediate

Septic Coma

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

R. W. Sherman

Address

Blm Co Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

LIBRARY BUREAU A53615

Interment at Jessop Cemetery
Wednesday Feb. 7th

TO BE ANSWERED BY
NEAREST FRIEND

George 36 Nicholas

Died at *Reisterstown* Town *Baltimore* County

Date of death 1906 *Feb* Month *20* Day Age *72* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Frederick Co Md*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Mary Leonard*

Father's Name *X* *X* Father's Birthplace *X* *X*

Mother's Maiden Name *X* *X* Mother's Birthplace *X* *X*

Name of person giving information *J. E. Michale* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Nephritis of Gruff.* *(120)* How long *Two months*

Immediate *Hypostatic pneumonia & cardiac failure* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Rows Price*

Address *Plymouth*
Md

Accident or Suicide? *X*



0170/10

Name
in
Full

CERTIFICATE OF DEATH

Joseph B Michaels

Died at ^{Town} Highlandtown^{County} Balto

MARYLAND

Date
of death 1906Month
FebDay
8

Age

Years

Months
4

Days

Sex

Male

Color or
Race

white

Birth-
place

Charleston S.C.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm P. Michaels

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Bauer

Mother's
Birthplace

Md

Name of person giving
In formation

Wm P. Michaels

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

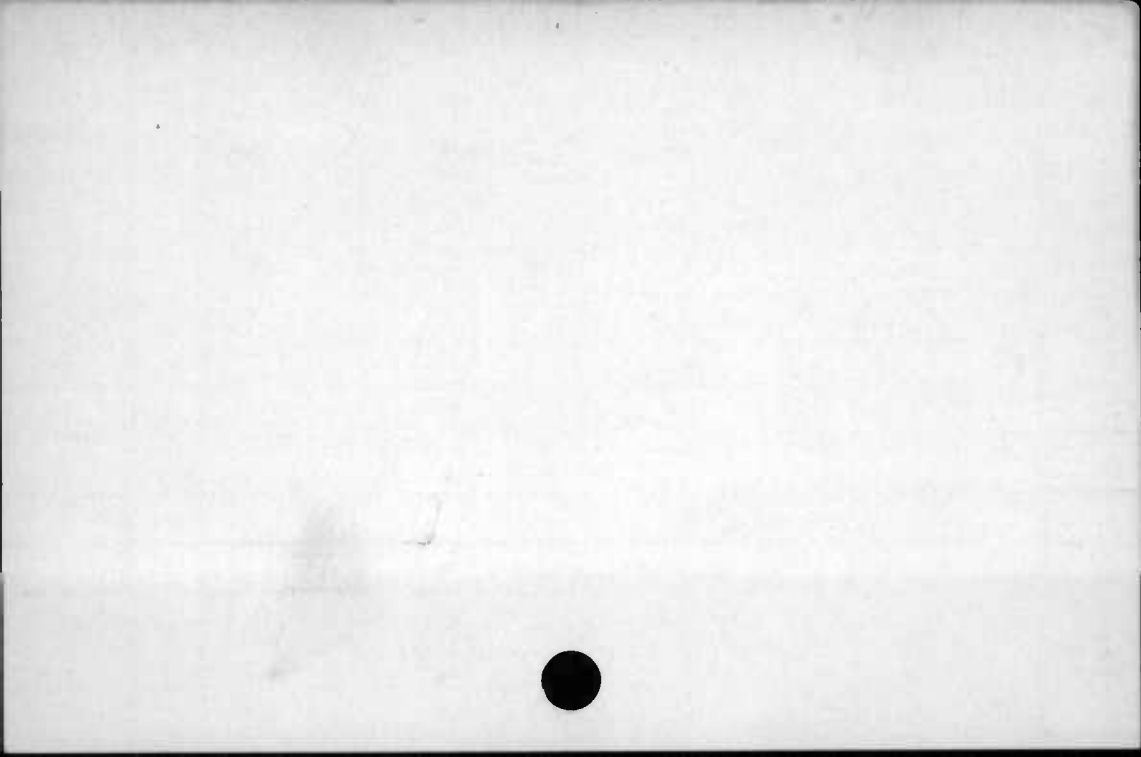
Address

Coroner Jm G Muller

501 N. Clinton st

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John I Miller</i>		Town <i>Arlington</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Arlington</i>		Month <i>Feb</i>		Day <i>6</i>		Years <i>76</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>		Age <i>76</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Brick-layer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Rebecca R</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Geo. Brallant</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Edwin E. Jones</i>
	Address <i>Arlington Md</i>
Accident or Suicide? <i>—</i>	

Green Mount Cemetery
Writing

Mr. Bellups

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wiseburg</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>2</i>	Day <i>3</i>	Age	Years	Months	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wiseburg Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>James C. Miller</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Clara M. Cullough</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>James W. Miller</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>(3 days)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Morris</i>
	Address <i>Parkton Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Balto</i>		County	
Date of death	Month <i>Feb</i>	Day <i>13</i>	Years <i>66</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation <i>clergyman</i>			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed			Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds Mt Hope</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chron. Melancholia-traumatic</i>	How long <i>many years</i>
Immediate <i>Ex: Valvular Dis. Heart</i>	How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Baltimore Co Md.</i>
Accident or Suicide? <i>/</i>	



Name
in
Full

Thomas M. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND		
Date of death <i>1906</i>	Month <i>2</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Canton</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>					
Married, Single Or Widowed		Name of Wife or Husband <i>—</i>				
Father's Name <i>Christian J. Moore</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Annie Skormaker</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>C. J. Moore</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition (about 8 mos in utero)</i>	How long <i>Life</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David W. Jones</i>
	Address <i>3116 O'Connell St</i>
Accident or Suicide? <i>—</i>	

1st Evangelicala Lam.

Name
in
Full

August Moore

CERTIFICATE OF DEATH

MARYLAND

Died at *Ball's Co. Almshouse* ^{Town} ^{County}Date of death *1906* ^{Month} *2* ^{Day} *22* ^{Age} *67* ^{Years} ^{Months} ^{Days}Sex *male* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary How long

Immediate *Fracture of head neck of femur* How long *10 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. C. Bussary

Address

Texas Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

①

To be transcribed on
pennies.

Name
in
Full

Miss Mary Elizabeth Mullin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town}
near Catonsville^{County}
Baltimore

MARYLAND

Date
of death 1906 Feb'y.Day
10Age
67Months
4Days
29Sex
FemaleColor or
Race WhiteBirth-
place Balto. Md.Occupation
StorekeeperWhere Residing if not
at place of deathMarried, Single
or Widowed WidowName of Wife or
Husband John MullinFather's
Name Francis McGheeFather's
Birthplace Balto. Md.Mother's
Maiden Name Anne CunninghamMother's
Birthplace Balto. Md.Name of person giving
In formation James MullinHow related
to deceased Son.

CAUSES OF DEATH

Primary Lobar Pneumonia

How long about
One month

Immediate Cardiac Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician Marshall H. ThompsonTo the best of my knowledge
and belief
Accident or Suicide?Address
St. Keyville, Md.PHYSICIAN
OR CORONER

New Cathedral
Jos B. Cook

Name
in
Full

Frances A. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND		
Date of death 1906	Month February	Day 12 th	Age	Years	Months	Days	Six days	
Sex	Female		Color or Race	Black		Birth- place	Towson	
Married, Single or Widowed			Occupation					
Name of Wife or Husband			Lelaphen Myers Ch					
Father's Name			Charles Myers		(71)	Father's Birthplace		Towson
Mother's Maiden Name			Lelaphen Baker			Mother's Birthplace		Gardenville
Name of person giving In formation			Charles Myers			How related to deceased		Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions		(71)	How long	Two days	
Immediate	Convulsions			How long	one day	
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician		L. B. Larrick M.D.
				Address		Towson
Accident or Suicide?						

Undertaker

R A Elliott

506 Rogers Ave

High
Garrison Cemetery

Name
in
Full

Mary J. Howland

CERTIFICATE OF DEATH

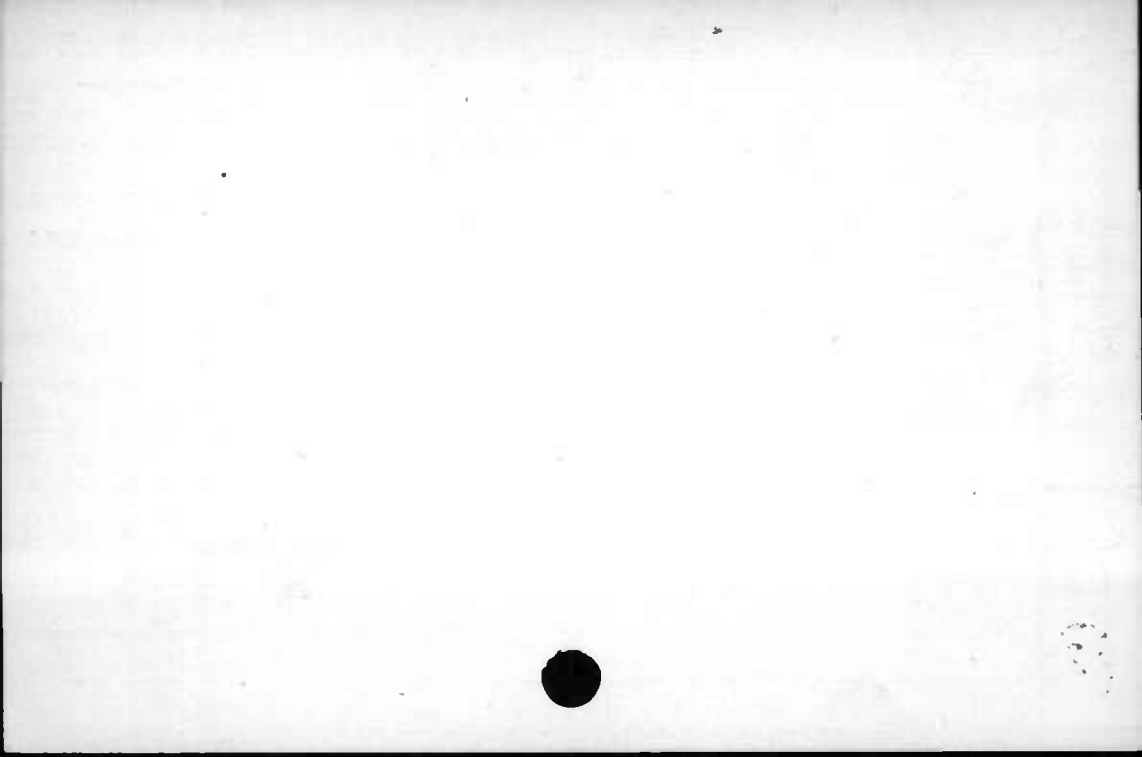
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville		^{County} Baltimore		MARYLAND	
Date of death	1906	Month	Feb	Day	1
Age		Years	71	Months	2
Sex		Female	Color or Race	White	Birth-place
Occupation		none		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Gambert Howland		Father's Birthplace	
Mother's Maiden Name		Rachel M. White		Mother's Birthplace	
Name of person giving information		Harriet H. Howland		How related to deceased	
				Rister	

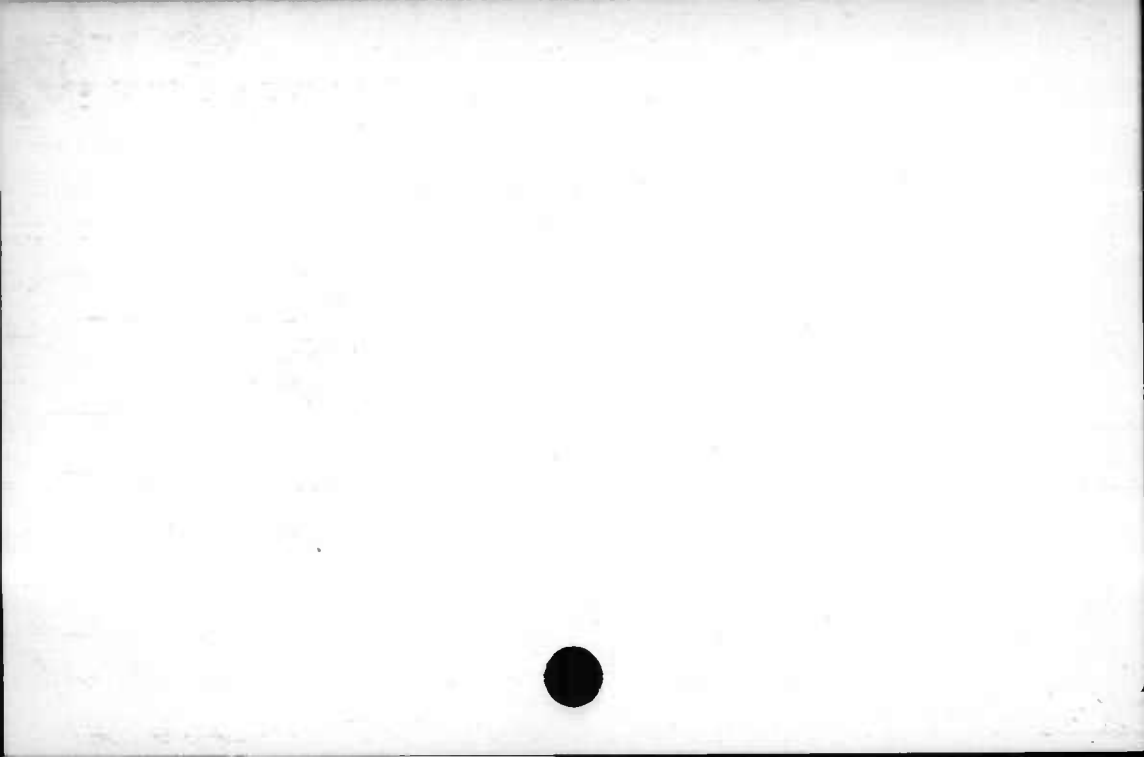
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Central Hemorrhage	How long	Two days
Immediate	Pulmonary congestion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. O. Macgill	
		Address	
		Catonsville	
		Baltimore Md	
Accident or Suicide?			



Name In Full Daniel Oden		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Calonsville <small>Town</small>		Baltimore <small>County</small>	
	Date of death 1906 <small>Month</small> Feb <small>Day</small> 5 <small>Age</small> 52 <small>Years</small>		Months <small>Days</small>	
	Sex Male	Color or Race Colored	Birth-place ?	
	Occupation Laborer	Where Residing If not at place of death		
	Married, Single or Widowed	Name of Wife or Husband Annie Oden		
	Father's Name Not known	Father's Birthplace		
	Mother's Maiden Name " "	Mother's Birthplace		
Name of person giving information Annie Oden	How related to deceased Wife			
CAUSES OF DEATH				
PHYSICIAN CORONER	Primary Senile Degeneration	How long 2	104	
	Immediate Acute Gastritis	How long 6 days		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. C. L. Matfield	
	Accident or Suicide?		Address Calonsville Health Officer Md	



Name
in
Full

CERTIFICATE OF DEATH

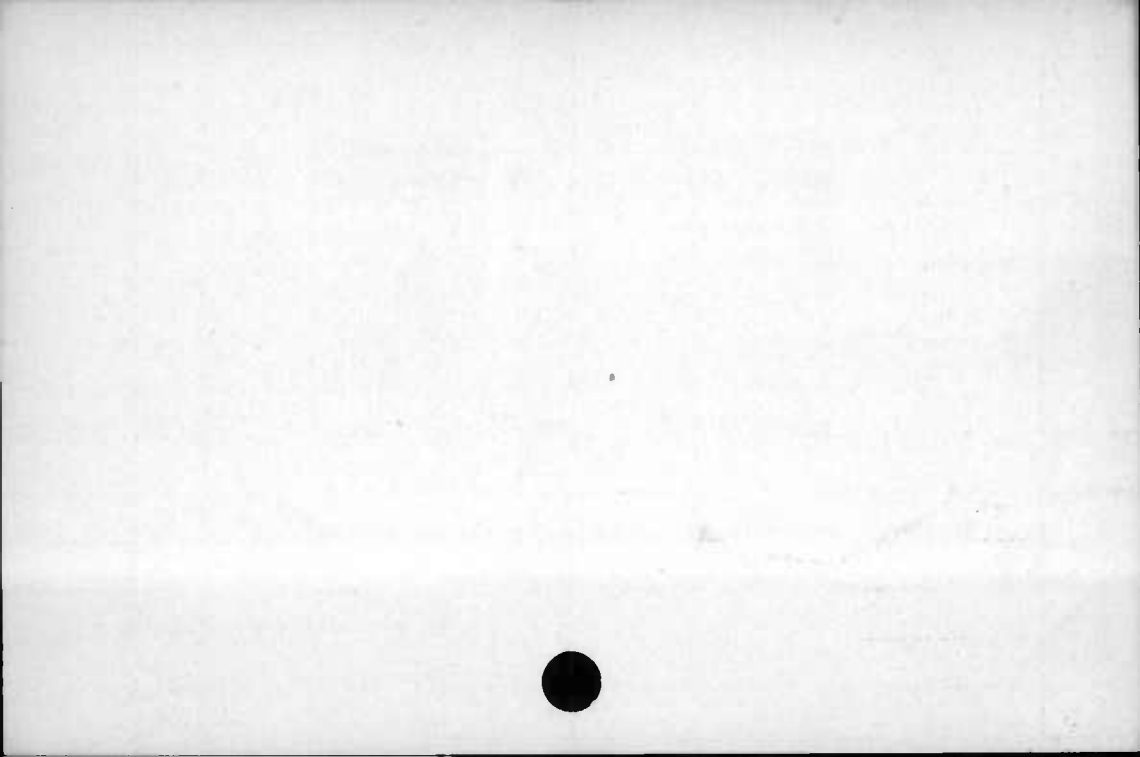
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>Feb.</i> ^{Month}	<i>26</i> ^{Day}	<i>Age</i> ^{Years}	<i>13</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Home</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Patrick O'Toole</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Margaret Murphy</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Patrick O'Toole</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>Life</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Blades MD</i>
	Address <i>121 Jackson Place</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

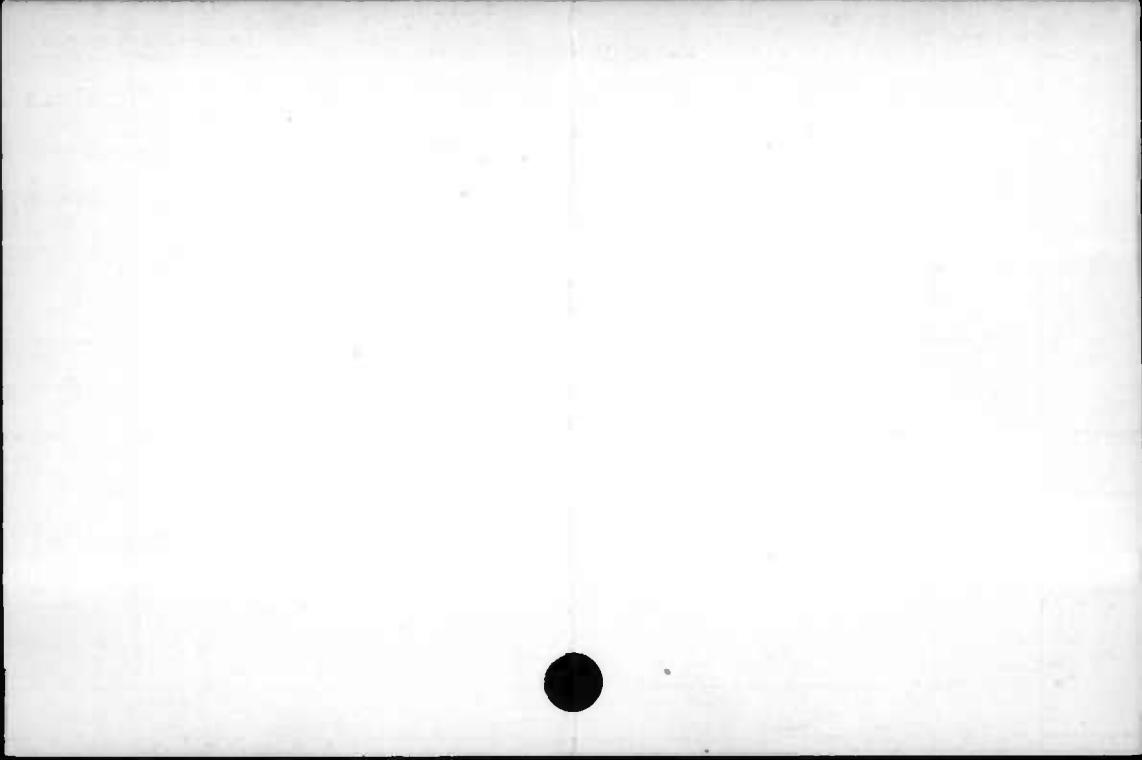
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glencoe</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	Month <i>Feb.</i>	Day <i>11</i>	Age <i>81</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Ruth C. Royston</i>			
Father's Name <i>Sam Parker</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Lucy A. Parker</i>		How related to deceased <i>Daughter-in-law</i>			

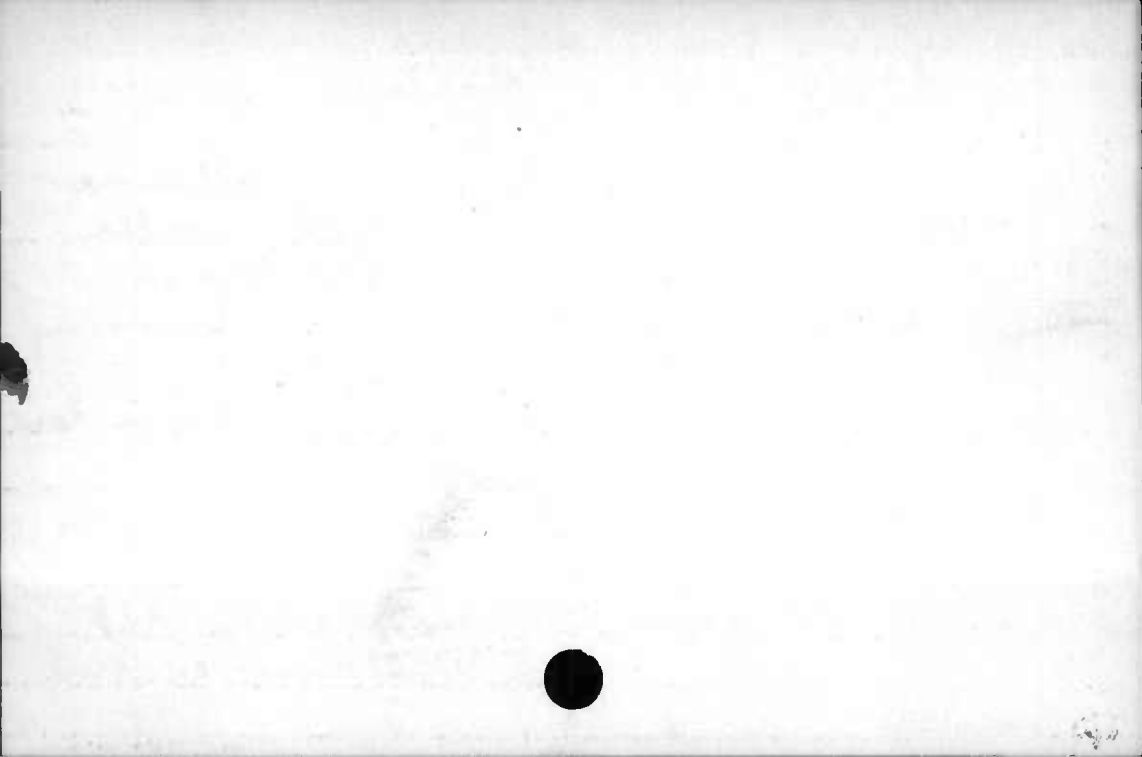
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis resulting in chronic emphysema</i>	How long <i>Five months</i>
Immediate <i>Dilatation Right Heart</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. M. Phelan</i>
	Address <i>Glencoe Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Name <i>Elizabeth G. Parsons,</i>		State MARYLAND	
		Town <i>Monkton</i>		County <i>Baltimore</i>	
		Died at		Age	
		Date of death 190 <i>6</i>	Month <i>7</i>	Day <i>22</i>	Years <i>85</i>
		Sex <i>Female</i>		Color or Race <i>white</i>	
		Married, Single or Widowed <i>Widowed</i>		Occupation _____	
		Name of Wife or Husband <i>Lewis Parsons</i>		Birth-place <i>Baltimore, Md.</i>	
		Father's Name <i>Micajah Merdick</i>		Father's Birthplace <i>West Liberty, W. Va.</i>	
Mother's Maiden Name <i>Eleanor Merdick</i>		Mother's Birthplace <i>West Liberty, W. Va.</i>			
Name of person giving information <i>M. M. Green,</i>		How related to deceased <i>Nephew</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Organic Heart Disease</i>		How long <i>Two years.</i>	
		Immediate <i>Paralysis</i>		How long <i>Two hours.</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. R. Mitchell</i>	
		Address <i>Monkton, Md.</i>			
		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Catonsville^{County} Balto.

Date

of death 1906 Feb 5

Day

5

Years

61

Months

—

Days

—

Sex

female

Color or
Race

white

Birth-
place

Baltimore

Occupation

House wife

Where Residing if not
at place of death

Catonsville

Married, Single
or Widowed

married

Name of Wife or
Husband

Julius Praetorius

Father's
Name

Antonie Sadler.

Father's
Birthplace

Germany

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
In formation

Wm H Bridges

How related
to deceased.

Son in law

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

3 weeks

Immediate

Asthma

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Marshall B. West.

Address

Catonsville Md.

Accident or Suicide?



Name
in
Full

Deaser Fairbanks Quickley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Knochel</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>28</i>	Age <i>—</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto. Co. Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Grafton Quickley</i>				Father's Birthplace <i>Balto. Co. Md.</i>	
Mother's Maiden Name <i>Bettie Johnson</i>				Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Grafton Quickley</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary <i>Whooping Cough</i>	How long <i>4 w 6 weeks</i>
Immediate <i>Complications with Pneumonia</i>	How long <i>one week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Jno. S. Green</i>
	Address <i>Hittings</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER



Name
is
Full

Baciller Reaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg Run		County Balto		MARYLAND	
Date of death	1906	Month 2	Day 11	Age 70 Years	Months	Days	
Sex	Female		Color or Race	Colored		Birthplace	Quaker bottom
Occupation	Housewife			Where Residing if not at place of death	Frostburg Run P.O., Md.		
Married, Single or Widowed	Single		Name of Wife or Husband	George Reaster			
Father's Name	Jack Brown Mar 90				Father's Birthplace	Don't know	
Mother's Maiden Name	Anna Melkey 68				Mother's Birthplace	" "	
Name of person giving information	John Fairfairs				How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disease of Heart		How long	8 years
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Drach
			Address	Butter road
Accident or Suicide?				

Funeral of Stevenson
Chapple Feb. 13th

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Wt Washington</i>		County <i>Baltimore</i>	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>3</i>	Age <i>51</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>	Months <i>10</i>
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>J. Geo. Rehbein</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine Orr</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Elizabeth Rehbein</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

Primary <i>Nephritis. Pneumonia</i>	How long <i>120</i>	Just to three months
Immediate <i>Asthemia</i>	How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Todd</i>	
	Address <i>Wt Washington</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER

A S Ulan's hall
3539 Falls Road

Feb. 5-1906
at St Mary Hampden

Name In Full

Certificate of Death

Mary Elizabeth Reichert

Town

County

Died at

Sweet air

Baltimore

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 25

Age

3-5-9

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

Frederick Reichert

Mother's

Maiden Name

Martha Walsh

Cause of

Primary

Tobacco enema

Death

Immediate

Heart failure

How long sick

30 minutes

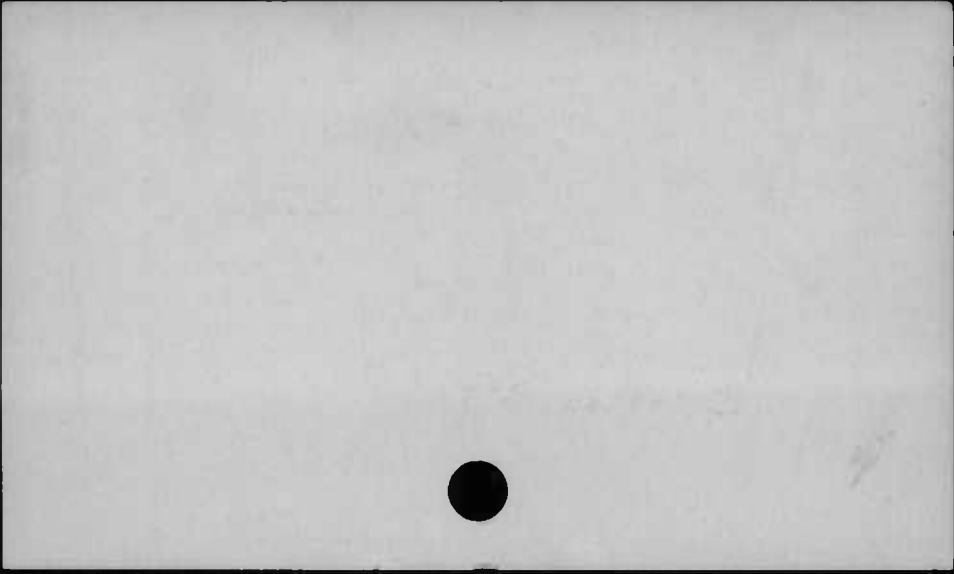
~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory, M.D.
Monkton, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Reynolds.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

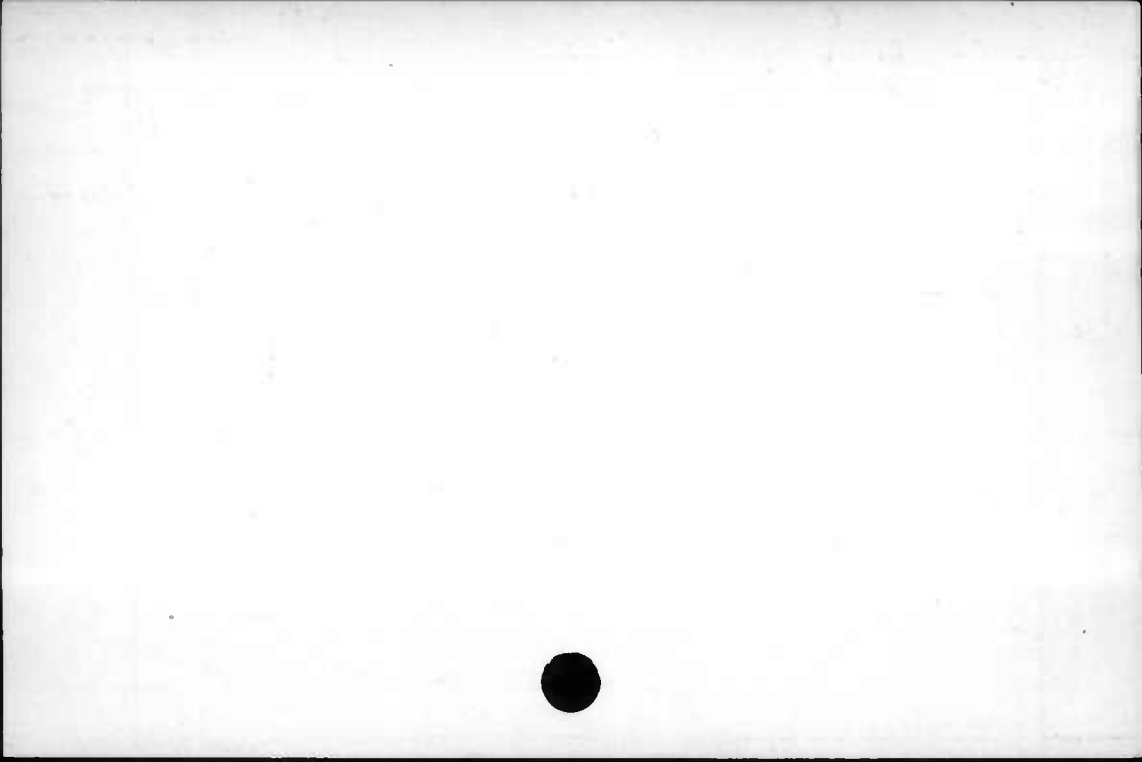
MARYLAND

Died at		Town St. Agnes Hosp.		County Baltimore			
Date of death	1906	Month 2	Day 28	Age	32	Months —	Days —
Sex	Male		Color or Race	White		Birth- place	Baltimore
Occupation	Liver			Where Residing if not at place of death —			
Married, Single or Widowed	<input checked="" type="checkbox"/> Married			Name of Wife or Husband —			
Father's Name	—					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving Information	—					How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	—
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank W. H. W.	
Yes		Address	St. Agnes Hospital.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName
in
Full
*Phoebe B. Richardson*Died at *12 dist* ~~Balto~~ ^{Town} ~~County~~^{County} *Balto County*

Date

of death *1906*

Month

Feb

Day

7

Age

Years

88

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Pennsylvania*

Occupation

*None*Where Residing If not
at place of death*12 dist Balto County*Married, Single
or Widowed*Widowed*Name of Wife or
Husband*_____*Father's
NameFather's
Birthplace*_____*Mother's
Maiden NameMother's
Birthplace*_____*Name of person giving
InformationHow related
to deceased*_____*

CAUSES OF DEATH

Primary

*Senility***154**

How long

3 years

Immediate

Exhaustion

How long

*_____*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. Helbo - M.D.*

Address

*1937 Grough St
Balto. Md.*PHYSICIAN
OR CORONER**1**

Accident or Suicide?

Christian Müller
2334 Jefferson St.

Oak Lawn Cemetery

Name
in
Full

Mary R. Riedel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carver</u> Town		<u>Calver</u> County		MARYLAND	
Date of death	190	Month	Feb.	Day	10
Sex	female	Color or Race	White	Years	
Occupation		Birth-place	511 2nd St Cuba City Md	Months	3
Where Residing if not at place of death					
Married, Single <u>Single</u>		Name of Wife or Husband			
Father's Name		Joseph Riddle		Father's Birthplace	Md.
Mother's Maiden Name		Julia Clark		Mother's Birthplace	Md.
Name of person giving information		Mother		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition (bottle fed)	How long	Life
Immediate	exhaustion	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. Wright	
Address		1023 Center St. Baltimore Md.	
Accident or Suicide?			

Mr. Carmel Bern.

Zirkler + Zirkler

1739 E. Cager St.

Name
in
Full

Helen G. Rietthumler

CERTIFICATE OF DEATH

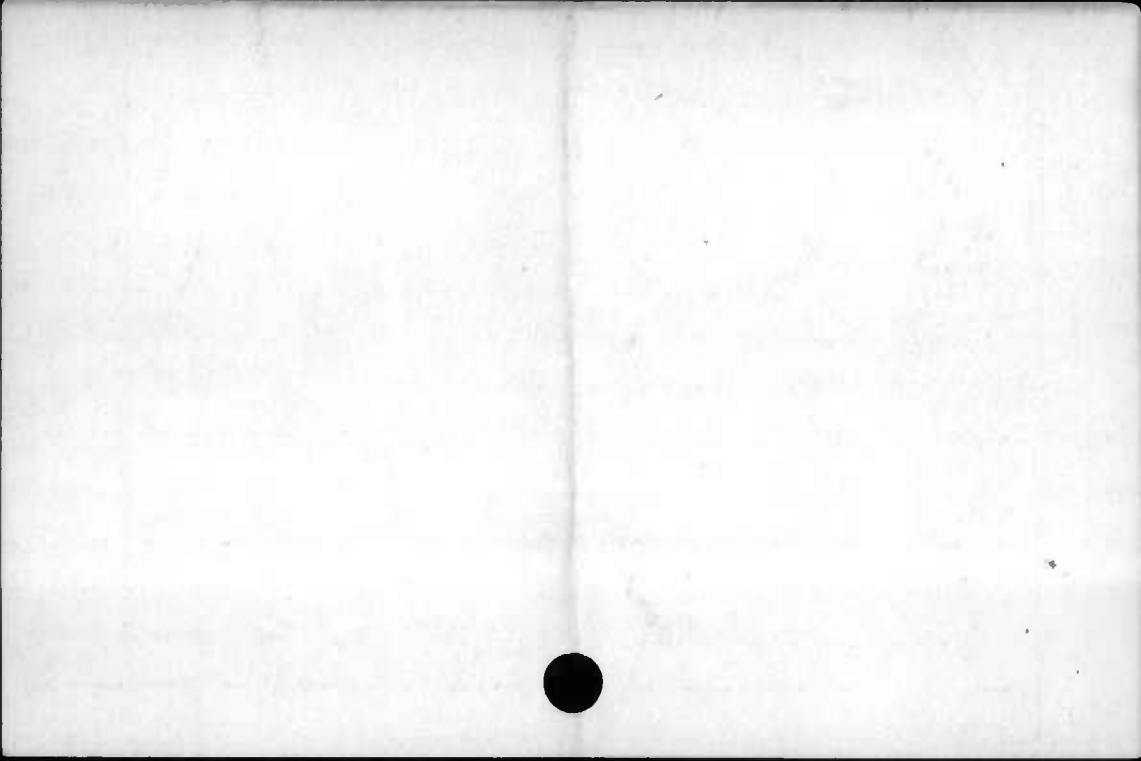
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanndown</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb.</i>	Day <i>23</i>	Age <i>4</i>	Years <i>4</i>	Months <i>2</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>Henry E. Rietthumler</i>				Father's Birthplace <i>Washington D.C.</i>			
Father's Name <i>Sarah E. Breilbliss</i>				Mother's Birthplace <i>Ind. Co. Ind.</i>			
Mother's Maiden Name <i>Sarah E. Rietthumler</i>				How related to deceased <i>Mother</i>			
Name of person giving information <i>Sarah E. Rietthumler</i>							

CAUSES OF DEATH

Primary <i>Acute Meningitis.</i>	(6)	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Rabe</i>	Address <i>Lanndown, Ind.</i>
Accident or Suicide? <i>No</i>		

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

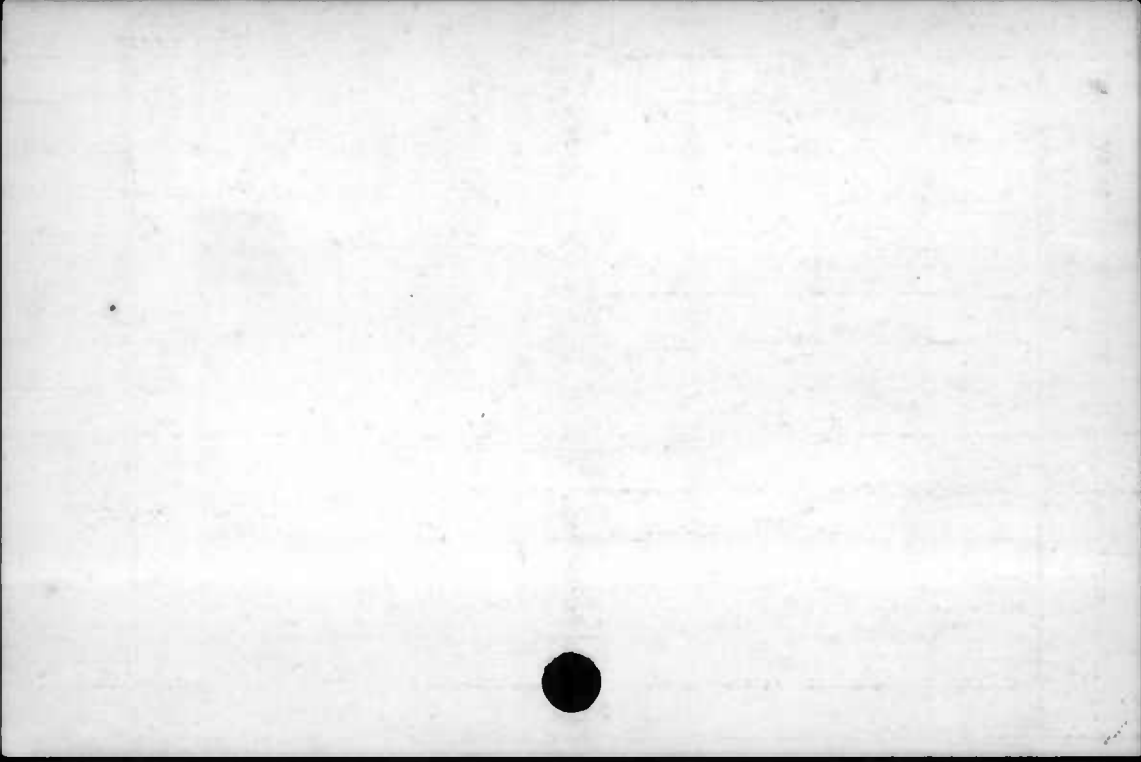
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batts County</i> ^{Town}			County <i>—</i>		MARYLAND	
Date of death <i>190</i>		Month <i>2</i>	Day <i>24</i>	Age <i>—</i>	Months <i>—</i>	Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Baltimore Co</i>		
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>William Ritter</i>			Father's Birthplace <i>Batts Co</i>			
Mother's Maiden Name <i>Mary Martin Martin</i>			Mother's Birthplace <i>Batts Co</i>			
Name of person giving information <i>For the — — R. D.</i>			How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Conspicuous Sterility</i>		How long	<i>15</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. Williams</i>		
		Address <i>1148 Chesapeake St</i>		
Accident or Suicide? <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1906		Feb	16	Age 28	9	21	
Sex	Male	Color or Race		White	Birth-place		Balto Co.
Married, Single or Widowed		Single		Occupation		Rail Roadman	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Edward Royston				Balto Co.			
Mother's Maiden Name				Mother's Birthplace			
Rachel Love				11			
Name of person giving information				How related to deceased			
Edward Royston				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mental aberration	How long	1st 5 mths
Immediate	errands	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Part 1/2	
Accident or Suicide?		D.W.	

1
18
18

1906 - 2 - 16
1877 - 41 - 26

28 - 9 - 21 44

Name
in
Full

Henry Ruhl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Int Union*

County

Balt

Date

of death

1906

Month

Feb

Day

9

Age

Years

69

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Cabinet Maker*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Mary Ruhl*Father's
Name*John Ruhl*Father's
Birthplace*Germany*Mother's
Maiden Name*(108)*Mother's
BirthplaceName of person giving
Information*Frank H. Ruhl*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Operation for Strangulated Hernia

How long

Immediate

Shock and Exhaustion

How long

*4 Days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Frank H. Ruhl*

Address

Laundowne Md

Accident or Suicide



Name
In
Full

Per. James Ryan.

CERTIFICATE OF DEATH

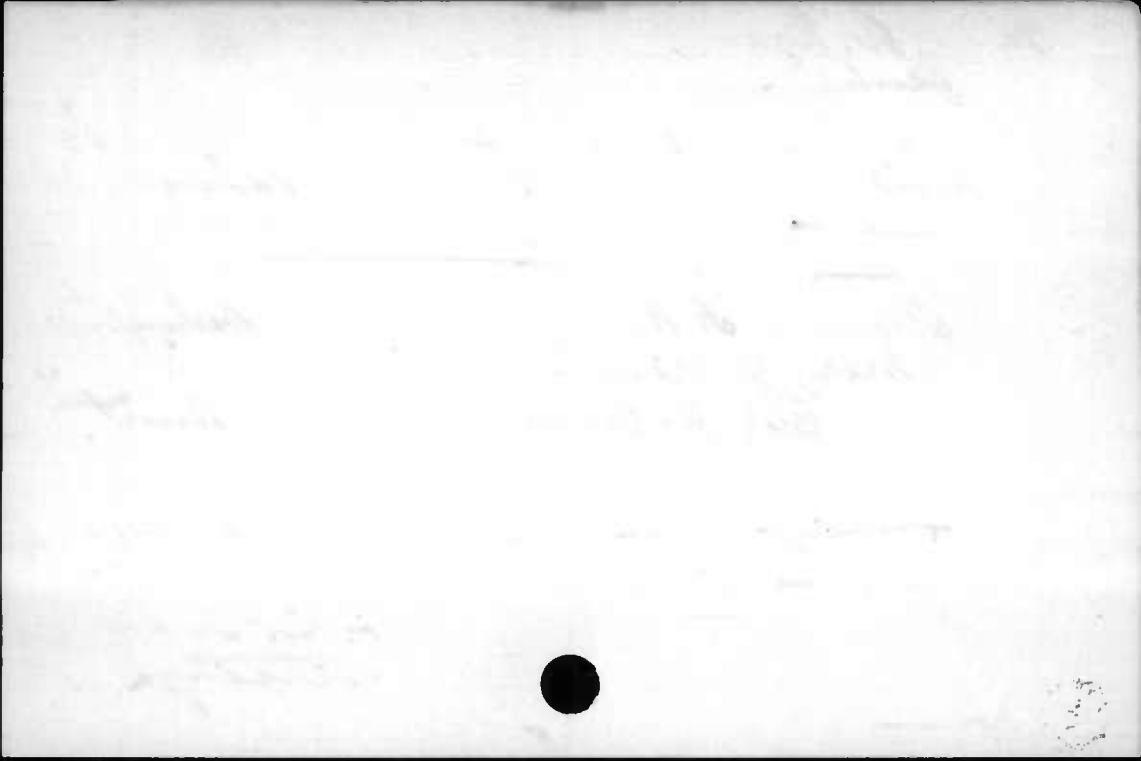
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND		
Date of death <i>1906</i>	Month <i>2</i>	Day <i>1</i>	Age <i>54</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>					
Occupation <i>Cleric</i>			Where Residing if not at place of death					
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband					
Father's Name			Father's Birthplace					
Mother's Maiden Name			Mother's Birthplace					
Name of person giving information			How related to deceased					

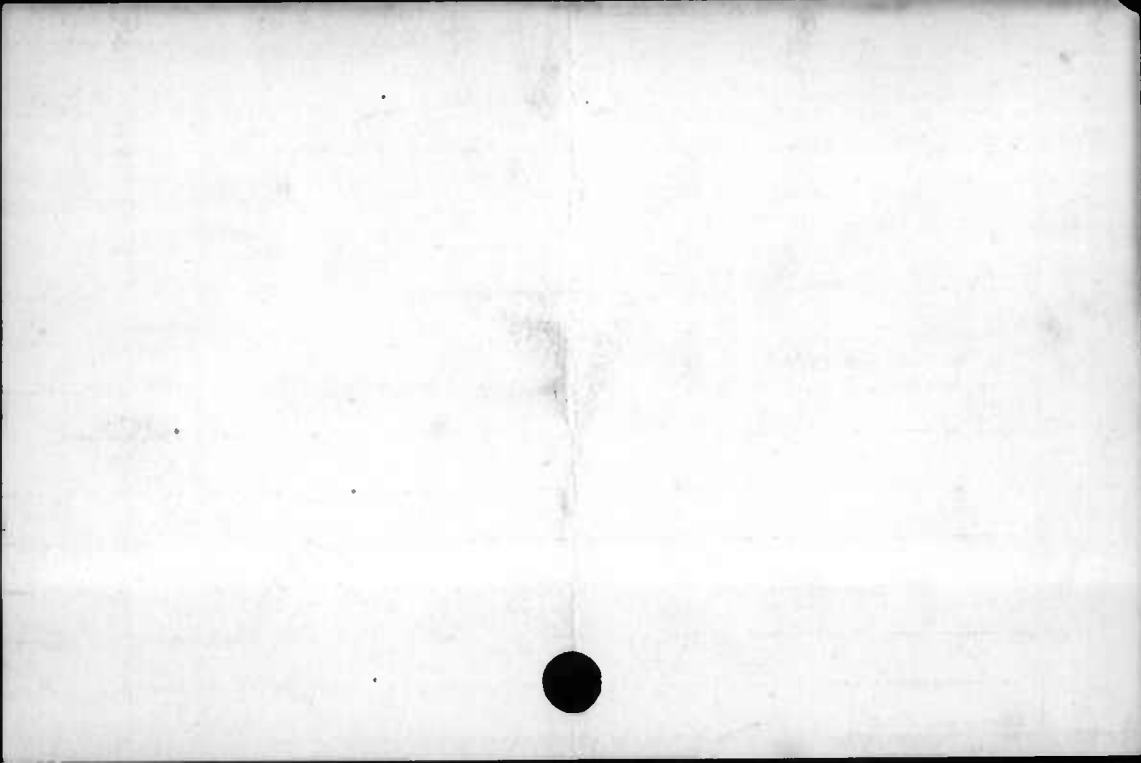
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchopneumonia</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank Worsey M.D.</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name in Full		Philip A. Ryan				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Jenkins</i>		Town <i>Baltimore</i>		County		MARYLAND	
	Date of death	1906	Month	Feb.	Day	7	Age	2
	Sex		Male		Color or Race		White	
	Occupation				Birth-place		Washington D. C.	
	Where Residing if not at place of death							
	Married, Single or Widowed				Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		Thomas A. Ryan		Father's Birthplace		Washington D. C.	
	Mother's Maiden Name		Mary B. French		Mother's Birthplace		" "	
	Name of person giving information		Eliz. J. Carroll		How related to deceased		Aunt	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Whooping-Cough		How long		2 weeks	
	Immediate		Convulsions		How long		24 hours	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. S. Sweeney	
					Address		Stillings	
<div style="display: flex; justify-content: space-between;"> <div> <p>1</p> <p>Accident or Suicide?</p> </div> <div> <p>8</p> </div> </div>								



Name
in
Full

Harry P. Schoolder

CERTIFICATE OF DEATH

Died at Mt Winans

Town

Balt.

County

MARYLAND

Date

of death 1906

Month

Feb.

Day

21

Age

Years

2

Months

7

Days

—

Sex

male

Color or
Race

white

Birth-
place

Hendover

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

father William F Schoolder

Father's
NameFather's
BirthplaceMother's
Maiden Name

Elin at all R. Taylor

Mother's
BirthplaceName of person giving
In formation

William F Schoolder

How related
to deceased

father

CAUSES OF DEATH

Primary

Membranous Droup

How long

24 hrs.

Immediate

paralysis of heart

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R. V. Blane

Address

Mt Winans

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James Hegan
St Peters

Name
in
Full

Agnella Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Nt Washington* ^{Town}*Balt.* ^{County}Date
of death *1906*Month *2*Day *22*Age *78*

Years

Months

Days

Sex *Male*Color or
Race *Black*Birth-
place *Ind*Occupation *Blacksmith*Where Residing if not
at place of deathMarried, Single
or Widowed *Widower*Name of Wife or
HusbandFather's
Name *Agnella Scott*Father's
Birthplace *Ind*Mother's
Maiden Name *Roseilla Allen*Mother's
Birthplace *Ind*Name of person giving
In formation *Minnie Gardman*How related
to deceased *Daughter*

CAUSES OF DEATH

Primary *Initial Stenosis**(79)*How long *2 yrs*Immediate *Heart Failure*How long *12 hrs*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

*Chas B. Breen Ind**Nt Washington**Ind*

Accident or Suicide?

PHYSICIAN
OR CORONER*(1)*

Dr Naylor

Pikesville

Name
in Full

CERTIFICATE OF DEATH

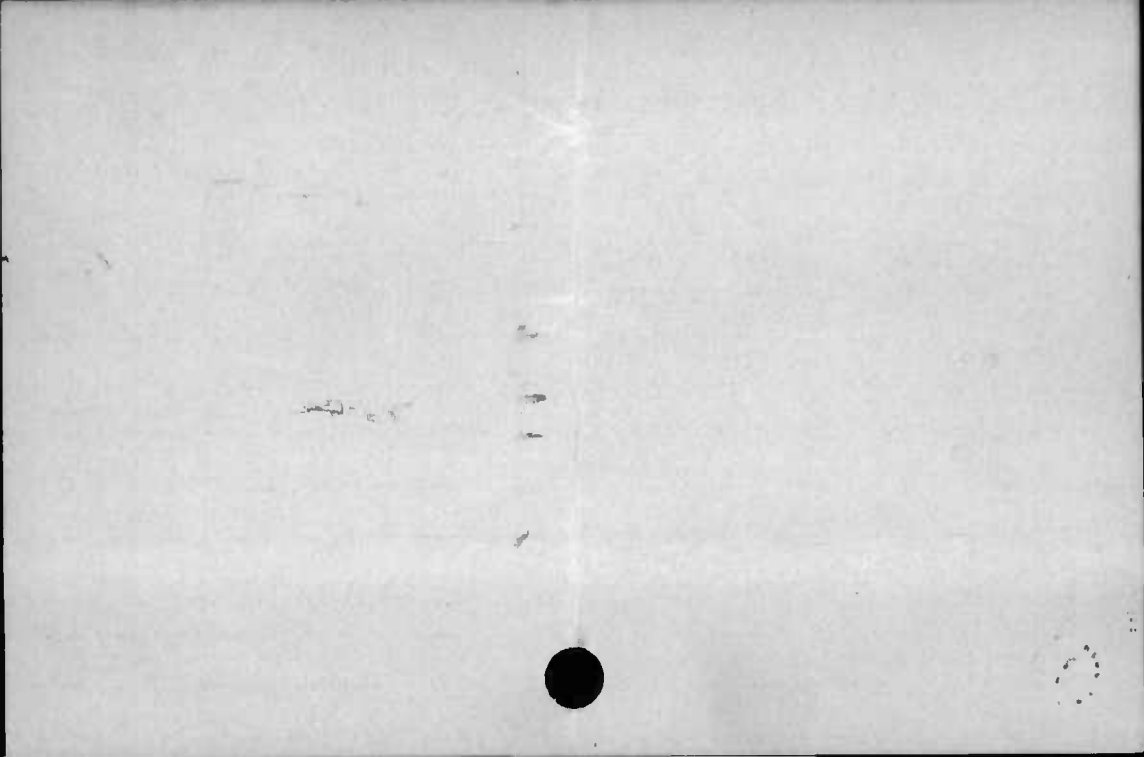
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point</i>			Town <i>Balto.</i>		County	
Date of death <i>1906 Feb.</i>	Month	Day	Age	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Sparrow Pt.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Sparrow Pt.</i>			
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. W. Scott</i>			Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Dora Pugh</i>			Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Edw. W. Scott</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long <i>hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. K. Pelletier M.D.</i>
	Address <i>Sparrow Pt. md.</i>
Accident or Suicide?	



Name
in
Full

Miss Margaret A. Shanks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

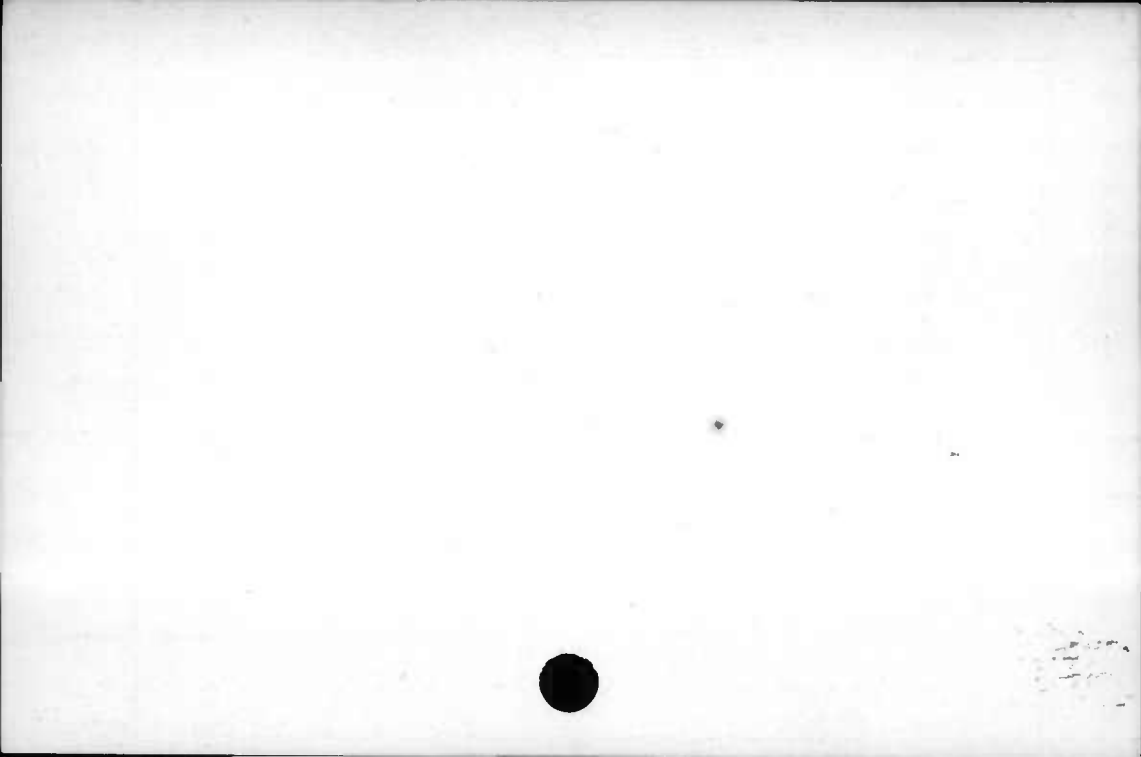
MARYLAND

Died at <i>St. Agnes Hospital</i>		County <i>Baltimore</i>			
Date of death <i>1906</i>	Month <i>2</i>	Day <i>19</i>	Age <i>30</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt.</i>	
Occupation <i>House work</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank Worrey M.D.</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Henry A. Shenton

MARYLAND

Died at *Mt Hope* ^{Town} *md* ^{County} *Balto*

Date of death *1906* ^{Month} *Feb* ^{Day} *14* ^{Years} *Th* Age *69* ^{Months} *yro* ^{Days}

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *Faylors Island*

Married, Single or Widowed *Single* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Recd. Mt Hope* How related to deceased *not at all*

CAUSES OF DEATH

Primary *Senile Dementia* How long *abt 2 years*

Immediate *Hypostatic Congest & Cardiac Failure* How long *abt one week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank J. Flannery M.D.*

Address *Mt Hope Retreat
Baltimore Co. Md.*

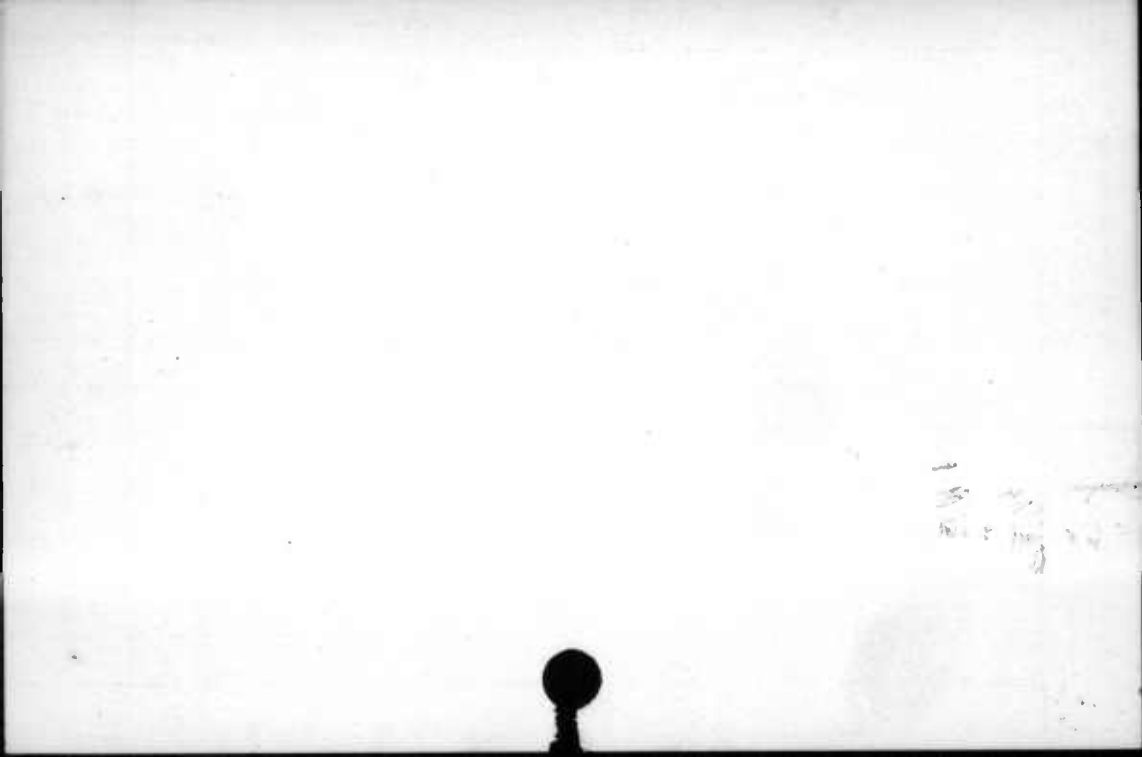
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Samuel Shoemaker				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Near Cornings Mills		Balto			
		Date of death	1906	Month	Feb	Day	28	Age	78
		Sex		Male		Color or Race		white	
		Occupation		Farmer		Where Residing if not at place of death			
		Birthplace		London Co. D. C.					
Married, Single or Widowed		Widower		Name of Wife or Husband		Agnes R. Shoemaker			
Father's Name		Simon Shoemaker				Father's Birthplace		London Co. D. C.	
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information		Edwin Shoemaker				How related to deceased		Son	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Paralysis		How long		24 hrs.	
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Evergreen* Town *205 Cedar Ave* County *Balto*Date of death *1906* Month *Feb.* Day *9* Age *3* Years Months *3* Days *28*Sex *Male* Color or Race *White* Birth-place *Baltimore Co.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name *Bramville S. Shue*Father's Birthplace *Pa.*Mother's Maiden Name *Lora B. Patterson*Mother's Birthplace *Balto.*Name of person giving information *Bramville S. Shue*

How related to deceased _____

CAUSES OF DEATH

Primary *Scald of back, thighs & arms* How long *16 1/2 days*
Immediate *Shock* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. T. Shorner*Address *421 Roland Ave**Copied from Balto. City Blank*

Accident or Suicide? _____

PHYSICIAN
OR CORONER

1



Name

in
Full

Hudson H. Sober

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balt.</i> <small>County</small>		MARYLAND	
Date of death	<i>1906 Feb.</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>6</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Penn</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. R. Sober</i>		Father's Birthplace <i>Penn</i>			
Mother's Maiden Name <i>Cora L. Sharp</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Geo. R. Sober</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>	How long <i>4 day</i>
Immediate <i>Septicaemia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. N. Hthey</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Alice M Cord Sollenberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Windsor Hills^{County} Baltimore

MARYLAND

Date
of death 1906Month
2Day
20Age
Years 2Months
6Days
10

Sex female

Color or
Race

white

Birth-
place

Summit N. Jersey

Married, Single
or Widowed

Occupation

none

Name of Wife or
Husband

Father's Name Lawrence R. Sollenberger

Father's Birthplace Newville Pa

Mother's Maiden Name Ella M Cord Morrow

Mother's Birthplace Newville Pa

Name of person giving
in formation

L.R. Sollenberger

How related
to deceased

Father

CAUSES OF DEATH

Primary Burn -

How long 3 days

Immediate Congestive Brain

How long 12 hours.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Gordon M. Mabley

Address

1609 Linden Ave

Accident or Suicide? accident

G. M. Mabley
PHYSICIAN
CORONER
residence in
Linden Ave

Internment at
Newville Pa.

Stewart Mowen

215 Park ave.
Baltimore Md.

Mrs Anna Spertzel

Town

County

Died at

MARYLAND

Date *1906 Feb, 13* Month *Feb* Day *13* Y. *81* M. *3* D. *24* Native of *Germany* Occupation *Housekeeper*
~~Male~~ ☒ White ~~Married~~ ☒ Widow ~~Divorced~~
☒ Female ~~Single~~ ~~Widower~~ Number of children living *Two*

~~Wife~~ of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

2 days~~Accident, Suicide, Homicide~~

Reported by

Address

Thos. H. Emory Jr. D.
Monteton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Pikesville</i> Town		<i>Bald.</i> County			
Date of death <i>1906</i>	Month <i>2</i>	Day <i>9</i>	Years <i>42</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bald. City</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Pikesville Md</i>			
Married, Single or Widowed <i>Married</i>	Name of wife or Husband <i>Henry Springett</i>				
Father's Name <i>Bernard Gunn</i>	Father's Birthplace <i>Bald. City</i>				
Mother's Maiden Name <i>Ellen Flynn</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Annie M. Gunn</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Acute Lobar Pneumonia</i>	How long <i>about 10 days</i>
Immediate <i>Exhaustion</i>	How long

Are the name, age, sex, color, date and place correctly given above?

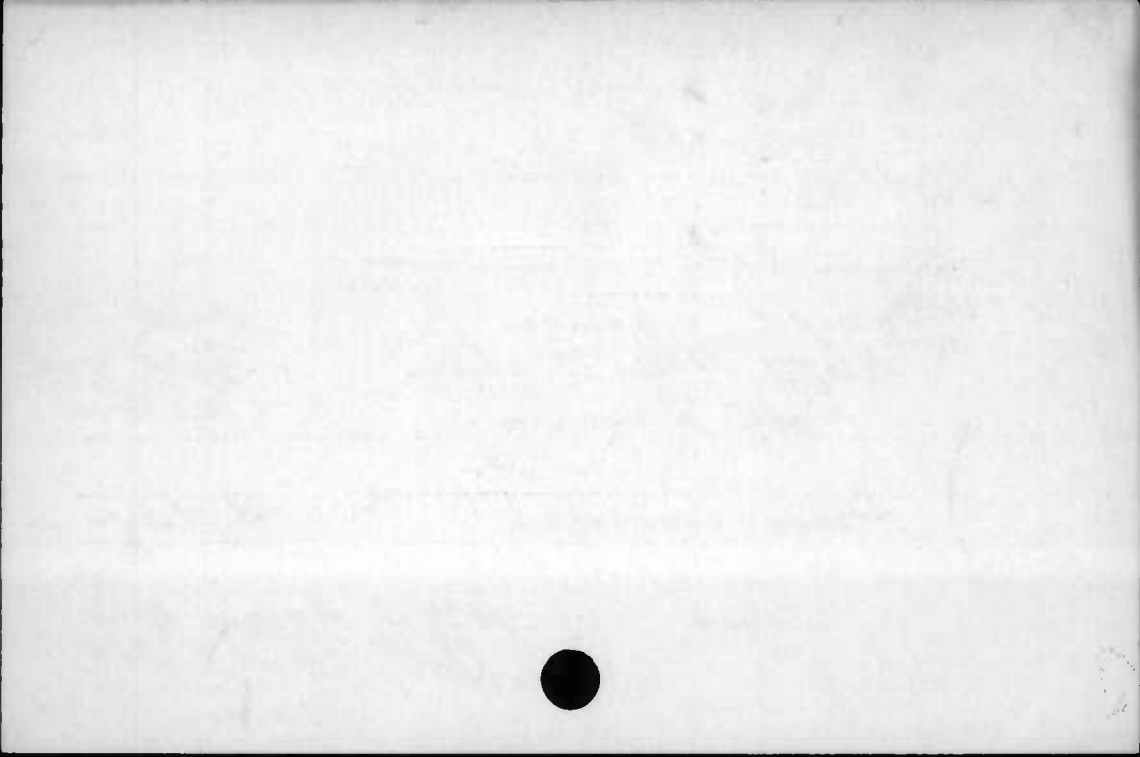
Yes

Signature of Physician

Address

W E Munn
Pikesville Md

Accident or Suicide?



Name
in
Full

Harry Rguiris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Falls Road</i> ^{Town} <i>Mt. Washington</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>February</i>	Day <i>18th</i>	Age <i>23</i> Years <i>—</i> Months <i>—</i> Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Falls Road - Mt. Washington</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph Rguiris</i>	Father's Birthplace <i>Balt. Md.</i>		
Mother's Maiden Name <i>Kate Ma Mahon</i>	Mother's Birthplace <i>Balt. Md.</i>		
Name of person giving information <i>Kate Rguiris</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> (93)	How long <i>3 days.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm A Dorey M.D.</i>
	Address <i>City Hospital Baltimore</i>
Accident or Suicide? <i>—</i>	

Henry Hoeck & Son,

Funeral directors &

Embalmer,

Holy Cross Cemetery Balt City

Name
in
Full

Mrs Melvina Strain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Feb	11	79		3	30
Sex	Female		Color or Race	white		Birth-place	Annamdel co Md
Occupation	Housewife			Where Residing if not at place of death 238 old York Road			
Married, Single or Widowed	widowed		Name of Wife or Husband Jas H Strain				
Father's Name	Henry Hall					Father's Birthplace	Annamdel co
Mother's Maiden Name	Susan Fowler					Mother's Birthplace	Annamdel co
Name of person giving information	Mrs Sarah Sheridan					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leukemia	How long	2 years
Immediate	Cardiac Dilatation	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. C. West M.D.	
		Address	
		Sta H (Govans) Balto. Md.	
Accident or Suicide?			
natural			

Geo Schilling
Undertaker
Baltimore.

Name
in
Full

William Stroder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Orangerville ^{Town} Balto ^{County} MARYLAND

Date of death 1906 Month 2 Day 26 Age 5 Years Months — Days 7

Sex Male Color or Race Black Birth-place Orangerville

Occupation — Where Residing if not at place of death —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband —

Father's Name Walter Stroder Father's Birthplace Va.

Mother's Maiden Name Lizzie Nash Mother's Birthplace Va.

Name of person giving Information Walter Stroder How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congestion of lungs. How long 24 hours

Immediate Convulsions How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. C. Schufeldt

Address 12405 Forest st.

Accident or Suicide? —

W. J. Schaeffer & Son
Laurel, Conn.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Summers

Died at *Danlon* ^{Town} *Bales* ^{County} **MARYLAND**

Date of death *1906 Feb 13* ^{Month} ^{Day} ^{Years} *28* ^{Months} ^{Days}

Sex *male* Color or Race *white* Birth-place *England*

Occupation *Fireman* Where Residing if not at place of death *England*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Wm Mattson* How related to deceased *none*

CAUSES OF DEATH

Primary *Crushed to death* *166* How long *—*

Immediate *—* *4* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Coroner John E. Mueller
301 N. Clinton St

Accident ~~or Suicide~~

Mount Carmel Cem.

Feb. 14th 1906

Germanus Sprance,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

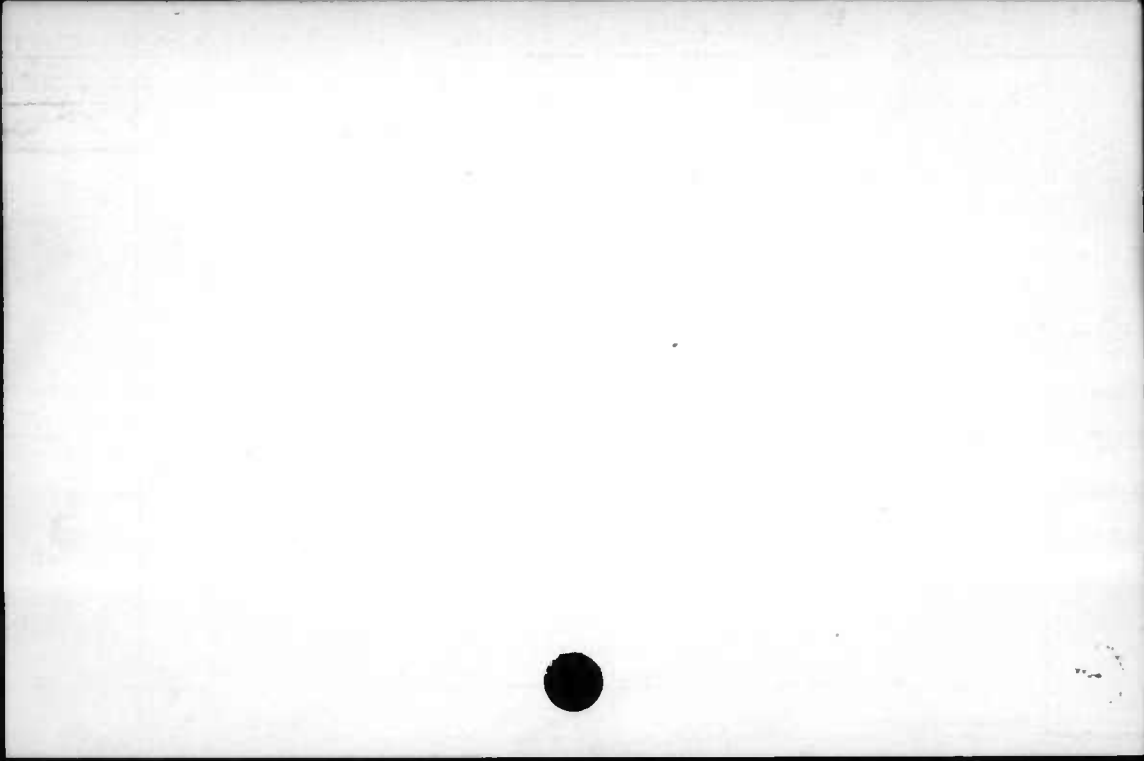
Died at		Town <i>Lutherville</i>		County <i>Baltimore</i>	
Date of death	1906	Month <i>Feb.</i>	Day <i>24th</i>	Age <i>90</i>	Years <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>H. W.</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>at place of death</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Edward Fallott</i>	
Father's Name	<i>Amory Bosley</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Rebecca Marsh</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Ann L. Bosley</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

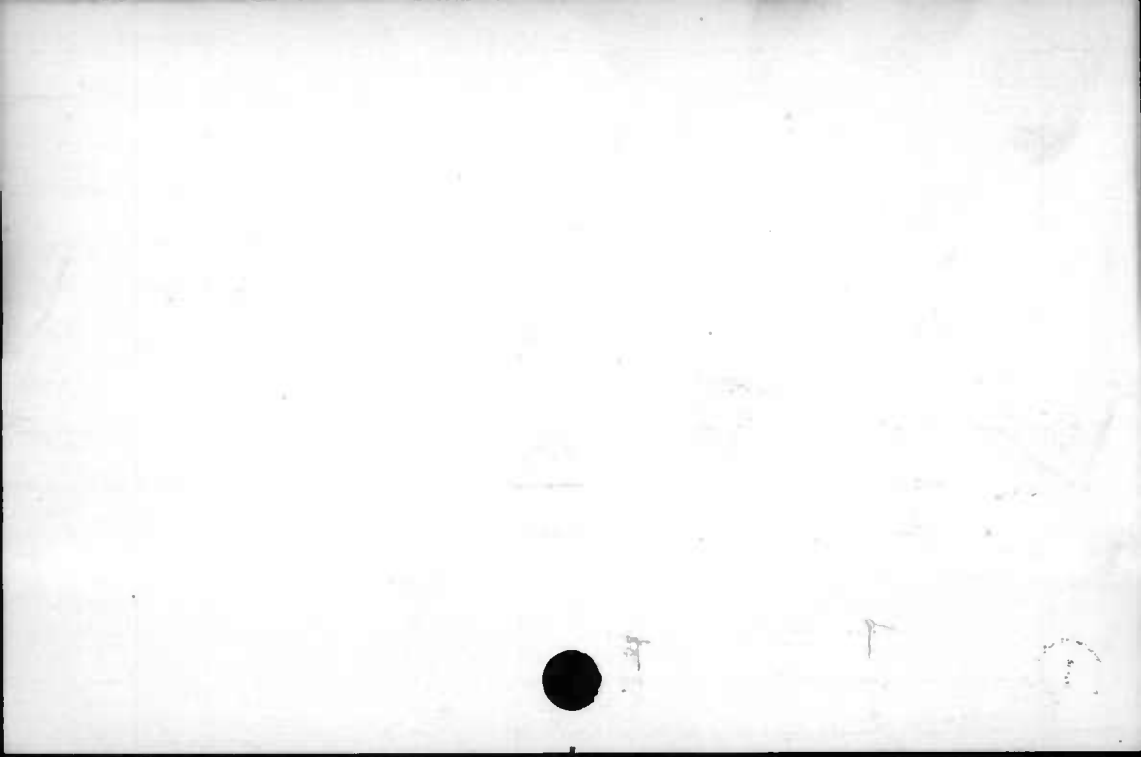
Primary	<i>Indigestion</i>	How long	<i>Four days</i>
Immediate	<i>Heart Failure</i>	How long	<i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. L. Smith</i>
		Address	<i>Rider, Md.</i>
Accident or Suicide?	<i>No</i>		

Interment at Sherwood Episcopal
Cemetery Cockeysville
Baltimore Co Md

Stewart & Mowen Undertakers
215 Park ave
Baltimore Md.



Name in Full		Rachel A. Thompson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Reisterstown		Baltimore						
	Date of death		1906	Month	Feb	Day	7		
	Age		Years		11		Months	Days	
	Sex		Female		Color or Race		White	Birth-place	Balto co md
	Occupation				Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		A. W. Thompson				Father's Birthplace		Balto a md	
Mother's Maiden Name		Ella Simms				Mother's Birthplace		Balto city	
Name of person giving information		Ella Thompson				How related to deceased		mother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary				How long				
	Spinal Meningitis				Five days				
	Immediate				How long				
	Are the name, age, sex, color, date and place correctly given above?				Yes				
Signature of Physician				James Gore W. D.					
Address				Reisterstown md.					



Name in Full

Certificate of Death

Mary A Tracey

Town

County

Brenton

Balto.

MARYLAND

Died at

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

2

12

Age 69

4

Md

Housewife

~~White~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm Tracey

John Armacost

Mother's
Maiden Name

Mary A Armacost

Primary Lung trouble

Immediate General Prostration

How long sick

99 For years

Accident, Suicide, Homicide

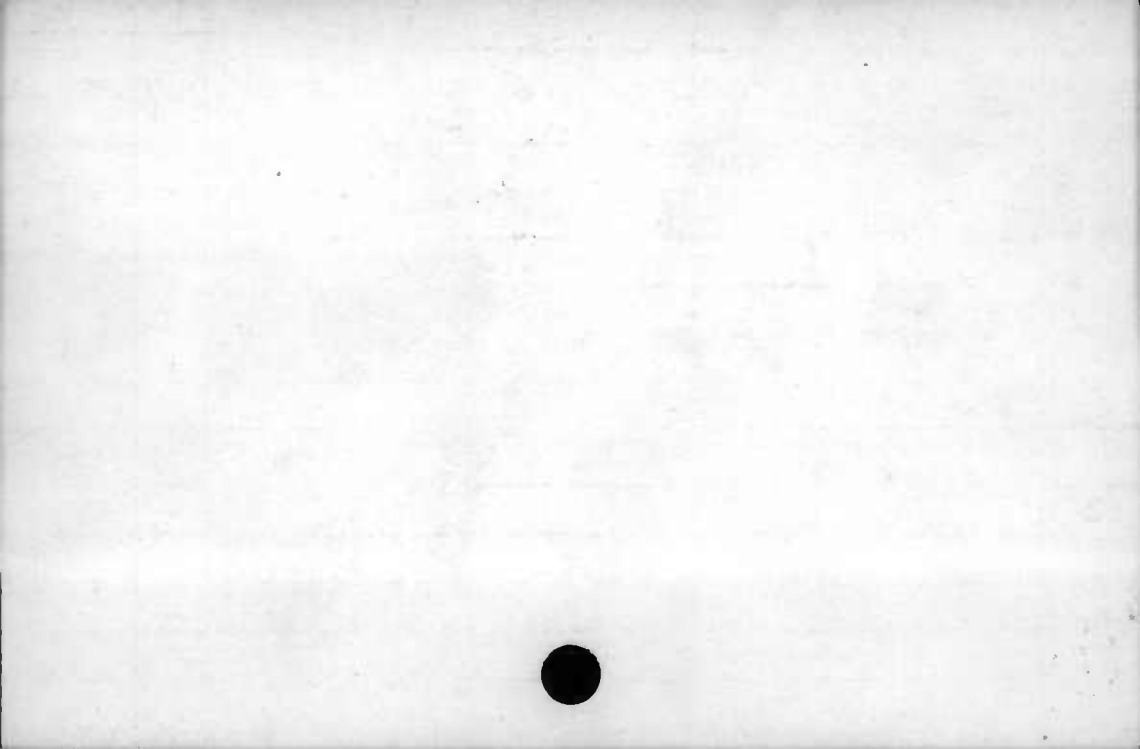
R. C. Wells

Hampstead Md

LIBRARY BUREAU, 70608



Name in Full		Trader, Arabella				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Catersville		Boutts		MARYLAND					
	Date of death		1906	Month	Feb	3	Day	Age	64	Years	Months	Days
	Sex		Female		Color or Race		white		Birth-place		Maryland	
	Occupation		None		Where Residing if not at place of death		X					
	Married, Single or Widowed		Married		Name of Wife or Husband		S. L. Trader					
	Father's Name		William Turley		Father's Birthplace		Ind.					
	Mother's Maiden Name		Mary A. Turley		Mother's Birthplace		"					
Name of person giving information		S. L. Trader		How related to deceased		Husband.						
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Chronic Bright Disease				How long		1 yr.			
	Immediate		Uræmic Coma				How long		36 hours.			
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		J. H. Wade			
	Address		Catersville, Mo.				Accident or Suicide?		No.			



Name

is Full

Elizabeth Rebecca Trainor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Reisterstown		Balt					
Date of death 1906	Month	Day	Age	Years	Months	Days	
2	3	69					
Sex	Female	Color or Race	White	Birth-place	Carroll Co. Md		
Married, Single or Widowed	Single		Occupation	none			
Name of Wife or Husband							
Father's Name				Joseph Trainor			
Mother's Maiden Name				Sarah Baker			
Name of person giving information				R. M. G. Trainor			
Father's Birthplace				Md			
Mother's Birthplace				Md			
How related to deceased				Brother			

CAUSES OF DEATH

Primary	Pneumonia	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. M. Seader	
		Address	
		Reisterstown	
Accident or Suicida?			

PHYSICIAN
OR CORONER



Name
in
Full

Wm. H. Friekaus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND							
Date of death	1906	Month	2	Day	2	Age	2	Months	2	Days	10
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balt City</i>				
Occupation	<i>None</i>			Where Residing if not at place of death		<i>Same place</i>					
<input checked="" type="checkbox"/> Married, Single or Widowed			<input type="checkbox"/> Name of Wife or Husband								
Father's Name	<i>J. Wm Friekaus</i>						Father's Birthplace	<i>Germany</i>			
Mother's Maiden Name	<i>Lena Heebner</i>						Mother's Birthplace	<i>Germany</i>			
Name of person giving information	<i>Fred. W. Friekaus</i>						How related to deceased	<i>Father</i>			

CAUSES OF DEATH

Primary	<i>Scarlet fever</i>	How long	<i>2 days</i>
Immediate	<i>Cardiac syncope</i>	How long	<i>One day</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

David W. Jones

Address

3116 Oklahoma St.

Accident or Suicide?

J Herwig & Son
Oak Lawn Cem.
2/3/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth J. Vail* Town *Poland* County *Bates* MARYLAND

Died at *Poland*

Date of death *1906* Month *May* Day *14* Age *45* Years Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband *E. J. Vail*

Father's Name *Dr. Edw. Jenkins* Father's Birthplace *MD*

Mother's Maiden Name *Elizabeth Dawson* Mother's Birthplace *MD*

Name of person giving information *E. J. Vail* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *P.h. Pulmonary* How long *10 3*

Immediate *Acute Infectious Tuberculosis* How long *5 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. B. [illegible]*

Address *24 W. Biddle St*

Accident or Suicide? _____

Wm J. Tickner & Sons
Laudon Park.

Massenberg

Name
in
Full

Mildred A. Walker

CERTIFICATE OF DEATH

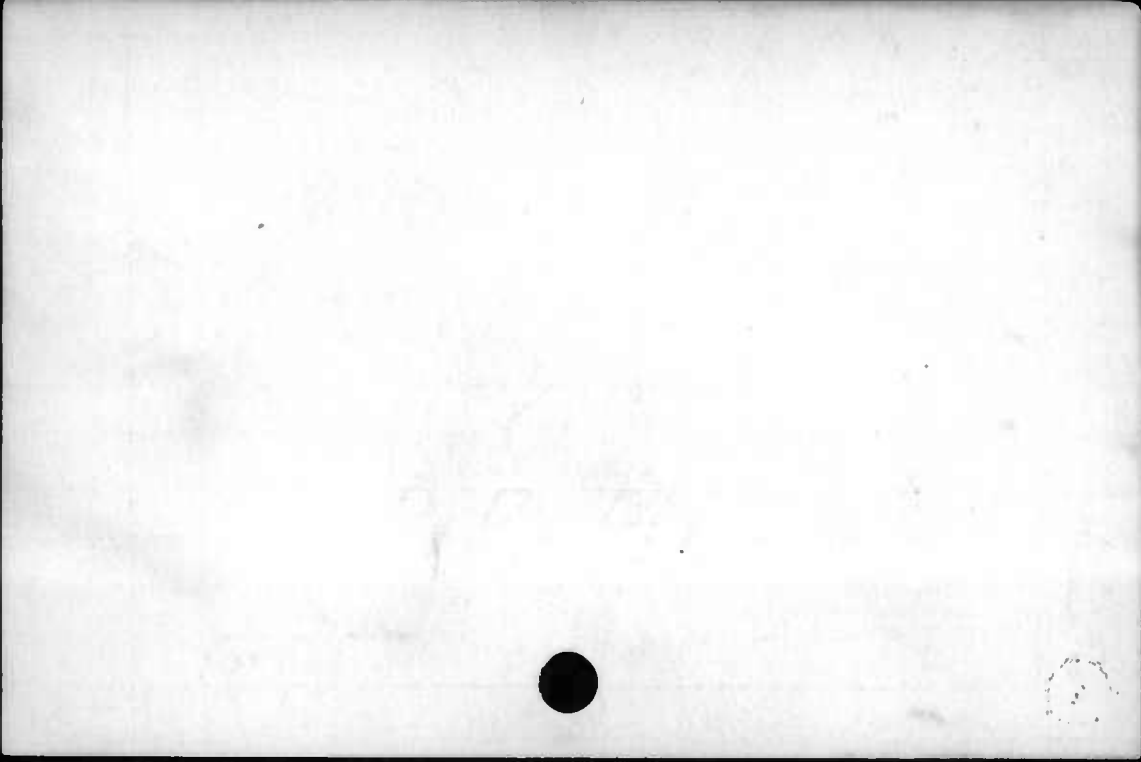
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Bonny</i>			County <i>Balt</i>			MARYLAND	
Date of death 190 <i>6</i>		Month <i>2</i>	Day <i>4</i>	Age Years <i>3</i>		Months —	Days —
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Ind</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Samuel Walker</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Annie B. Lewis</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Samuel Walker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Bronchitis</i>	How long <i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph Wilson</i>
	Address <i>Humblesburg Ind</i>
Accident or Suicide?	



Name
in
Full

Mrs Catherine Warnick

CERTIFICATE OF DEATH

Died at ^{Town} Calonsville^{County} Balto

MARYLAND

Date of death 1906 Feb 20 Age 62 Months 6 Days 13

Sex Female Color or Race White Birthplace Md

Occupation Wife Where Residing if not at place of death

~~Married, Single~~ or Widowed Name of Wife or Husband Charles Warnick

Father's Name Jacob Otto Father's Birthplace Germany

Mother's Maiden Name May Sheller Mother's Birthplace "

Name of person giving information Christina Miller How related to deceased Daughter

CAUSES OF DEATH

Primary Chronic Interstitial Nephritis How long 1 year

Immediate Uracemia How long 2 weeks

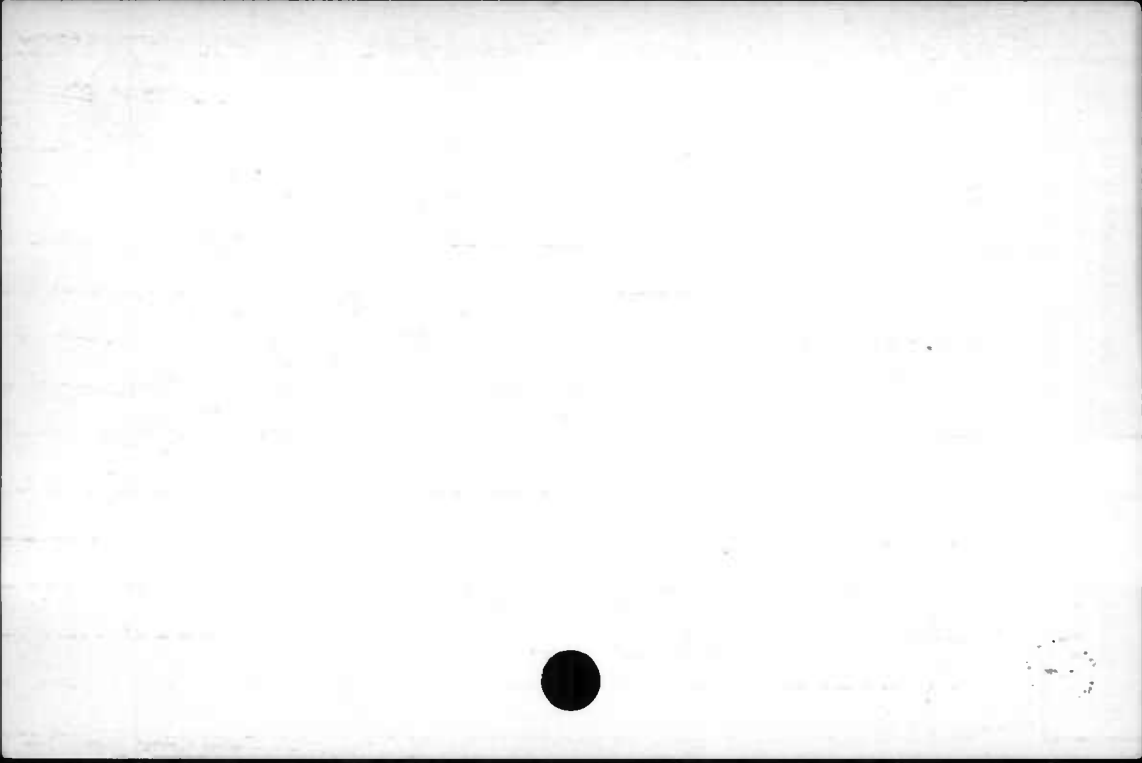
Are the name, age, sex, color, date and place correctly given above? Signature of Physician Charles L. Wattfeldt

Address Calonsville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Jones Watteringer</i>		Town <i>Gorantown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Feb 25</i>		<i>74</i>		<i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Gorantown Md</i>					
Married, Single or <u>Widowed</u>		Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Lee Watteringer</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

①

Primary <i>Growth</i>	How long <i>3 months</i>
Immediate <i>Hæmorrhage</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Duncan</i>
	Address <i>Gorantown Md</i>
Accident or Suicide? <i>Accident</i>	

P. A. Humphreys

2113 Cassinmont Ave

Holy Redeemer

Name
in
Full

Gerard Snowden Watts

CERTIFICATE OF DEATH

Died at ^{Town} near Catonsville ^{County} Baltimore

MARYLAND

Date of death 1906 ^{Month} Feb. ^{Day} 26 ^{Years} Age 82 ^{Months} 4 ^{Days} 16Sex male ^{Color or Race} white ^{Birth-place} Baltimore Co.Occupation Farmer ^{Where Residing if not at place of death}Married, Single ~~widow~~ ^{Name of Wife or Husband} Ann Elizabeth WattsFather's Name Alfred Watts ^{Father's Birthplace}Mother's Maiden Name Ann Campbell ^{Mother's Birthplace}Name of person giving information Geo. W. Watts (Son) ^{How related to deceased}

CAUSES OF DEATH

Primary Cerebral Hemorrhage ^{How long} Six days and
Coma and progressive heart ^{How long} half
Immediate failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

E Maxim Mitchell.
London Park.

Name
in
Full

Mrs. Mary Wears

CERTIFICATE OF DEATH

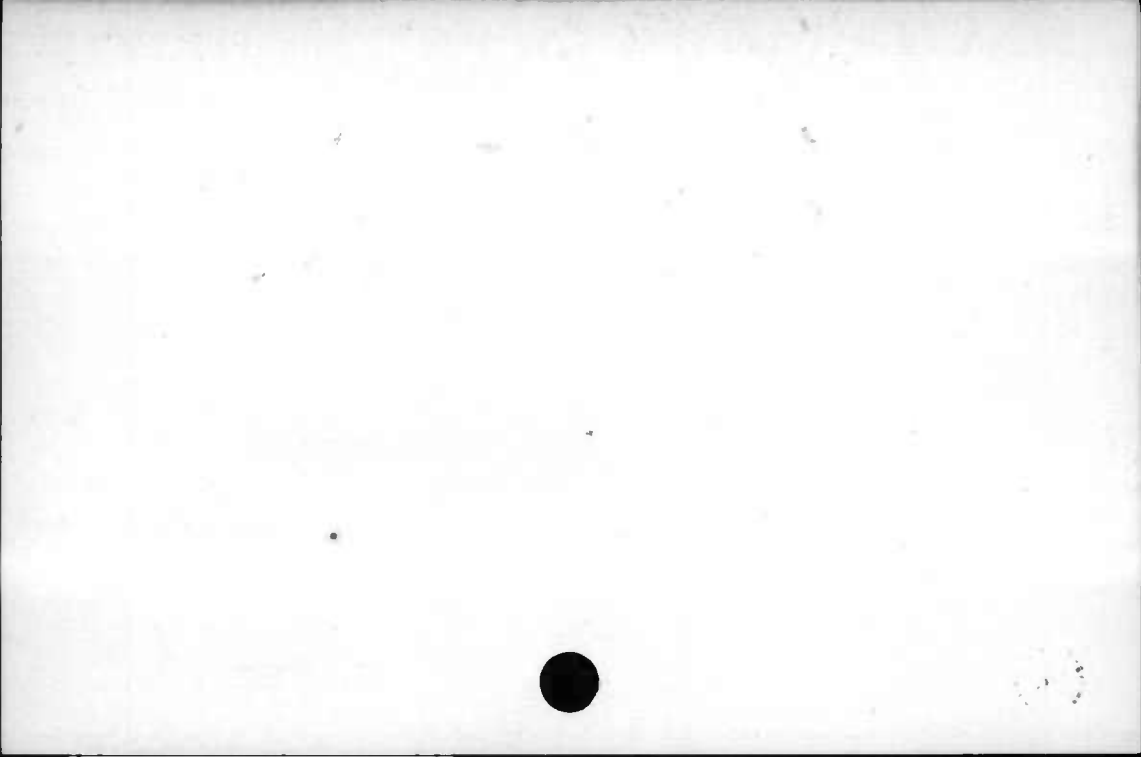
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>S. Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>4</i>	Age <i>55</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>	
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank W. Wray, M.D.</i>
<i>Yes.</i>	Address <i>S. Agnes Hospital</i>
Accident or Suicide?	



Name in Full		Mamie A. Weber				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Walters P. O.	County Balto.		MARYLAND	
	Date of death 1906	Month Feb.	Day 26	Age	Years 33	Months	Days
	Sex	Female		Color or Race	white		Birth-place
	Married, Single or Widowed		married		Occupation Housewife		
	Name of Wife Husband		Daniel Weber				
	Father's Name		George Porter			Father's Birthplace	Balto
	Mother's Maiden Name		Josephine			Mother's Birthplace	" "
	Name of person giving information		Daniel Weber			How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever			How long	about 4 weeks.
	Immediate		Intestinal Hemorrhage - Exhaustion			How long	15 hours.
	Are the name, age, sex, color, date and place correctly given above?		yes -		Signature of Physician	Leigard Whiteford.	
	to best of my knowledge.		Address		Fullerton, Md.		
	Accident or Suicide?						

Mr Carmel Leem
J Herwig & Son
3/1/06

Name
in Full

R. Nelson. Miller

CERTIFICATE OF DEATH

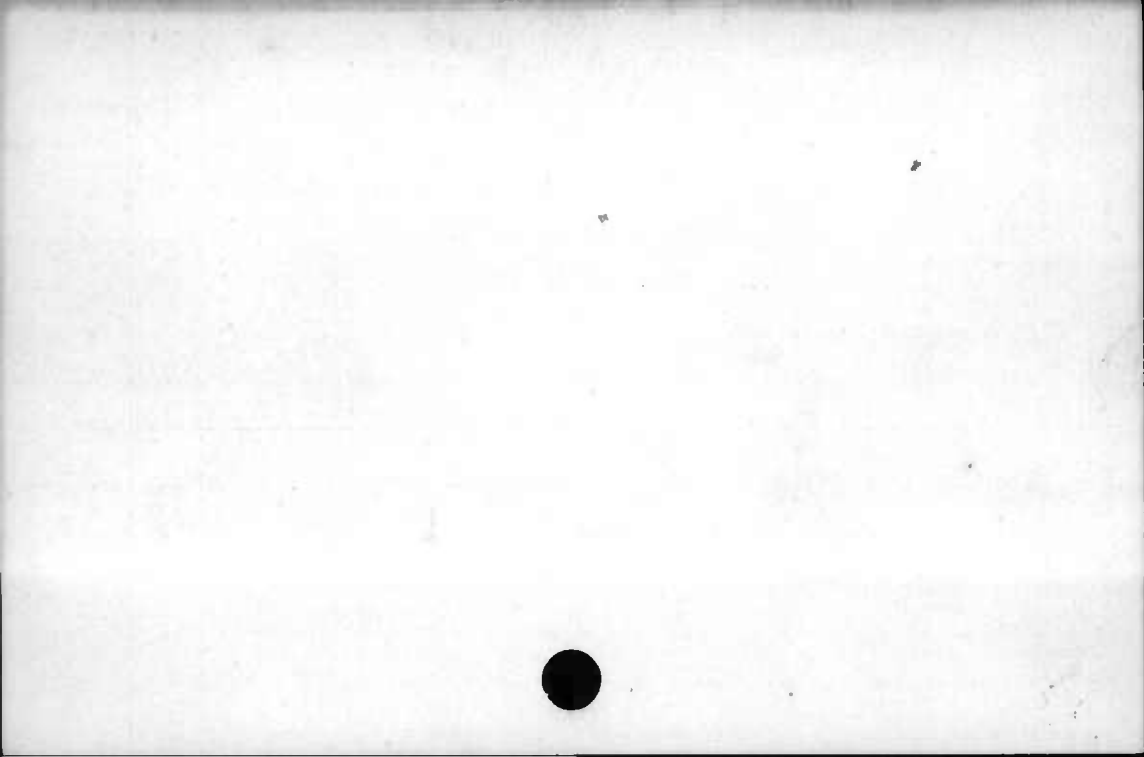
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roslyn</i> Town			<i>Baltimore</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>2</i>	Day <i>14</i>	Age <i>71</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mad</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Jane Miller</i>				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <i>William Haver</i>				How related to deceased <i>Grand Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mastoiditis</i>	How long <i>(45) Three or four Months</i>
Immediate <i>Epithelioma of throat & exhaustion</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>St Louis Naylor</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	



Name
in
Full

Tom Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i> Town		<i>Balt.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>21</i>	Age <i>60</i>	Years	Months Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>Contractor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Welsh</i>			
Father's Name <i>Pat. Welsh</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Kate Flood</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Mrs Dooney</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <i>Chronic Brights</i>	How long <i>6 mos</i>
Immediate <i>Apoplexy</i>	How long <i>36 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C H Beeton</i>
	Address <i>Wt Washington Md</i>
Accident or Suicide?	

*St. Mary's Cemetery
Covington*

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Name
in
Full

CERTIFICATE OF DEATH

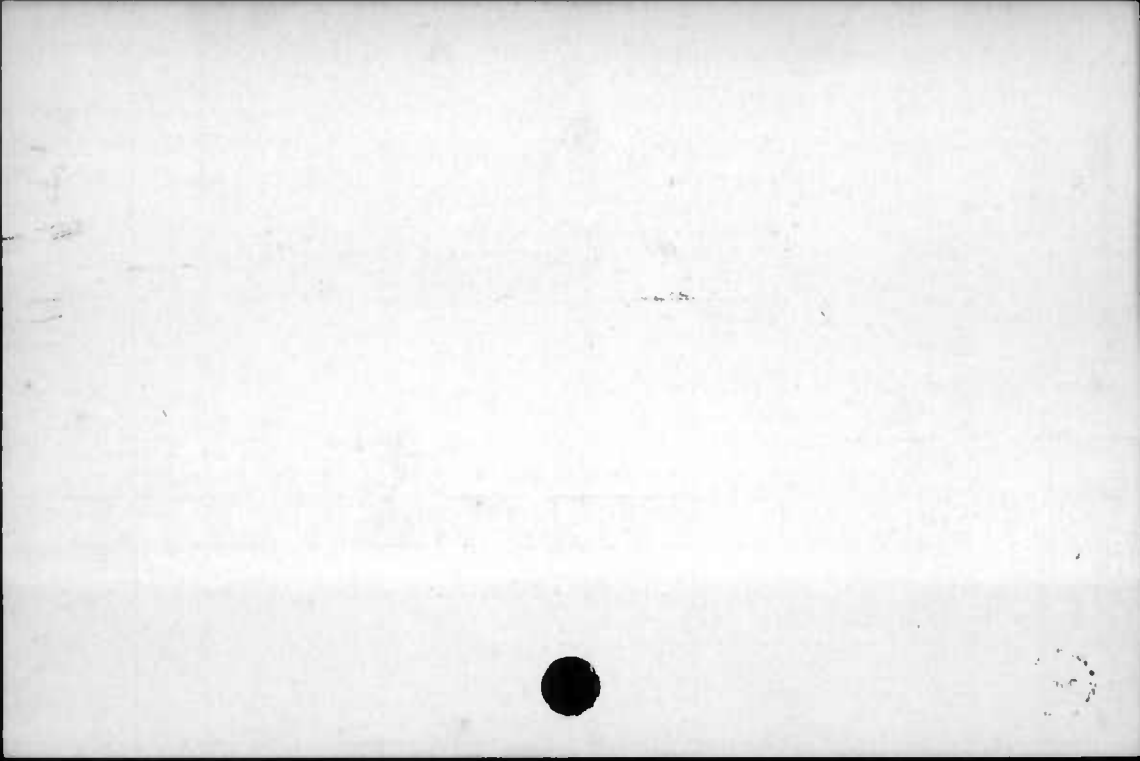
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Erlington</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1906 Feb</u> ^{Month}		<u>2</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>1/2 hour.</u> ^{Days}
Sex <u>Female.</u>	Color or Race <u>white</u>	Birth-place <u>Arlington.</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Martin Wesley</u>		Father's Birthplace <u>Switzerland</u>			
Mother's Maiden Name <u>Florine Whitcomb.</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Florine Wesley</u>		How related to deceased <u>mother.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

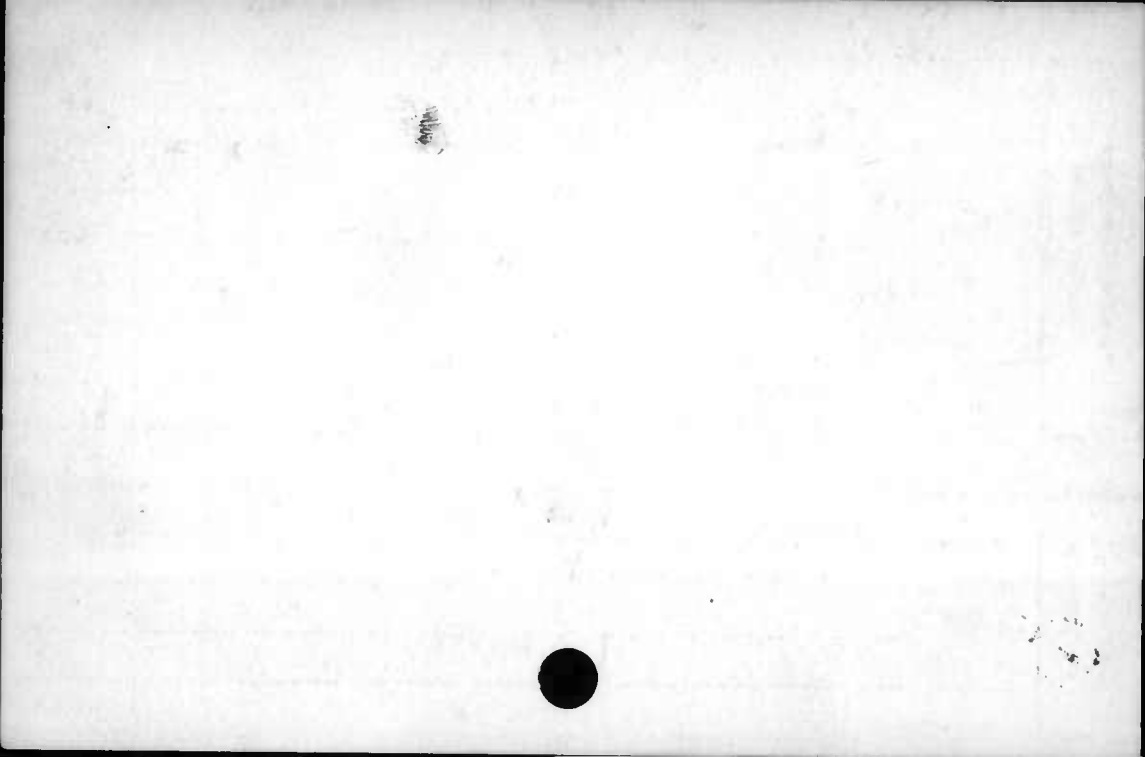
Primary <u>Atelectasis &</u>	How long <u>3-4 hours in birth</u>
Immediate <u>Depression of Skull by maternal part</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Arlington.</u>
Accident or Suicide? <u> </u>	



Name in Full Rebecca Ann Wherrett		County -		CERTIFICATE OF DEATH	
Died at Baltimore		Town Baltimore		MARYLAND	
Date of death 190 6		Month Feb	Day 6	Age 67	Years 67
Sex Female		Color or Race White		Birth-place Baltimore	
Married, Single or Widowed Married		Occupation Housewife			
Name of Wife or Husband Thos. J. Wherrett					
Father's Name Samuel Lee		Father's Birthplace Baltimore Co			
Mother's Maiden Name Ethel Hester Childs		Mother's Birthplace " "			
Name of person giving information Thos J Wherrett		How related to deceased Husband			
CAUSES OF DEATH					
Primary Carcinoma of Liver		How long 1 year			
Immediate Dyspepsia		How long -			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joseph B. Webster			
		Address Raspburg -			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Harry L White

CERTIFICATE OF DEATH

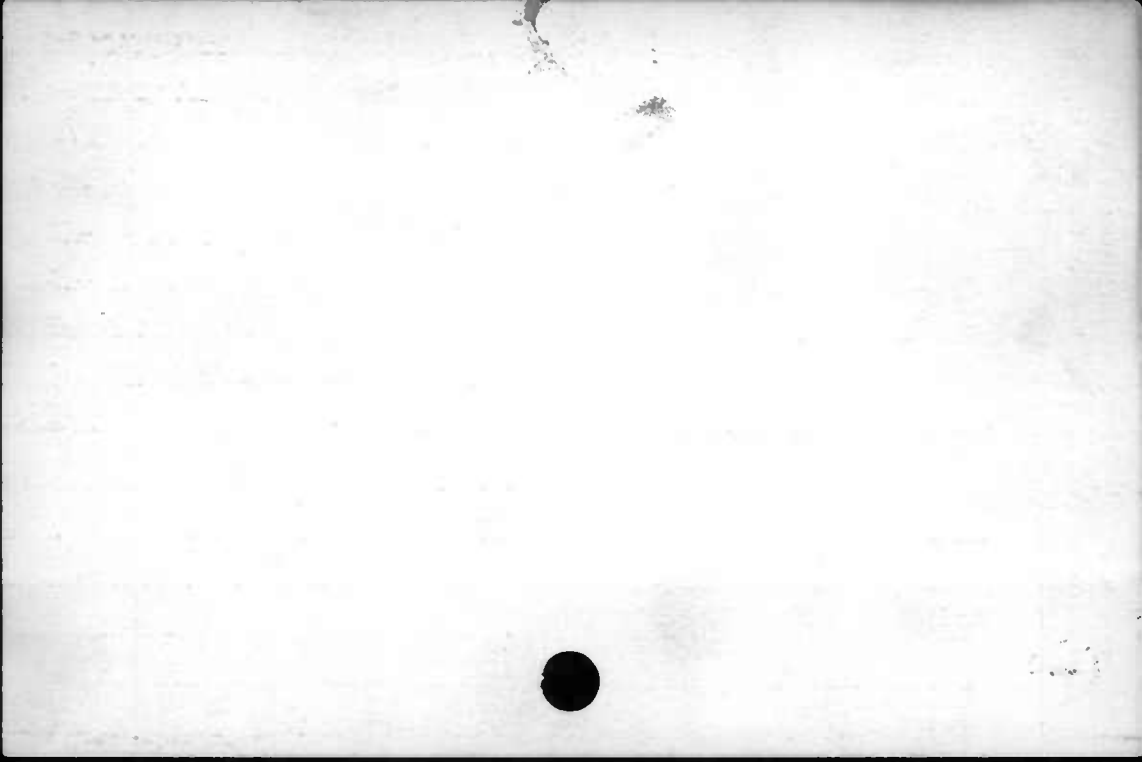
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockeysville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Feb</i>	Day	<i>3</i>
Age	<i>2</i>	Years	<i>2</i>	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Sherrwood</i>
Occupation	<i>—</i>				
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>—</i>			<i>—</i>		
Father's Name			Father's Birthplace		
<i>Thos. White</i>			<i>Scotland</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Minnie Plummer</i>			<i>Warrsburg</i>		
Name of person giving information			How related to deceased		
<i>Wm Plummer</i>			<i>Grandfather</i>		

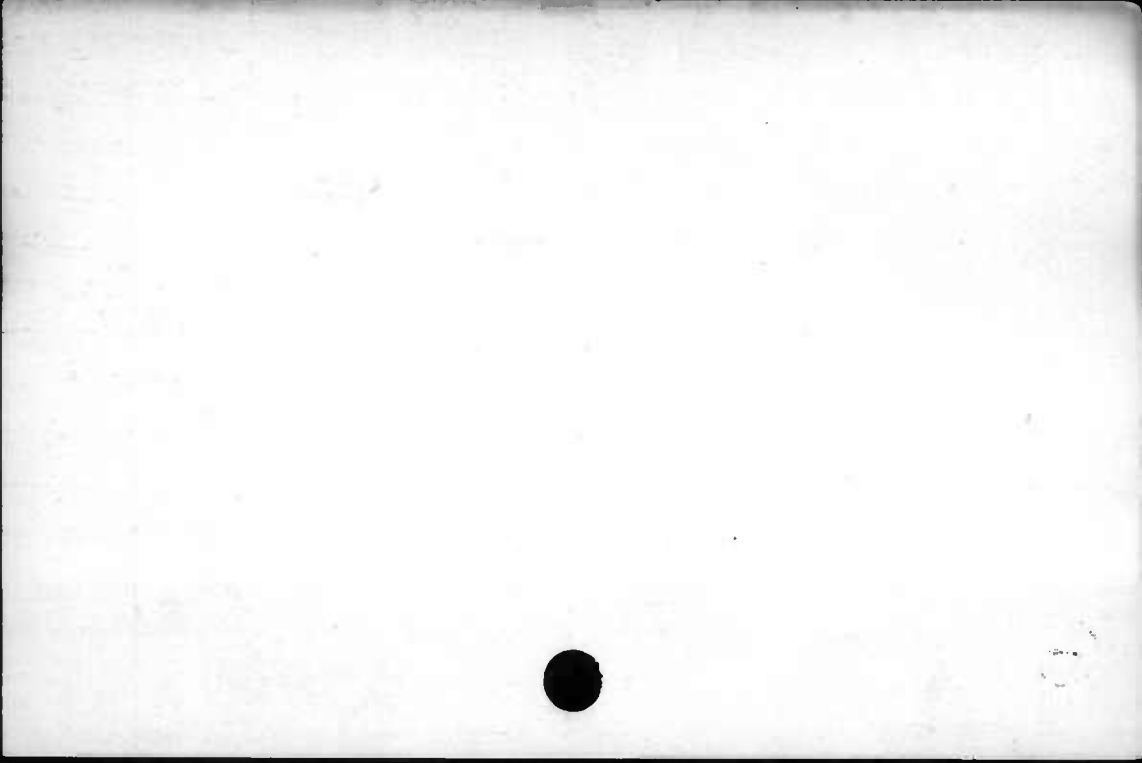
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia, Typhus Typhoid</i>	How long	<i>1 week</i>
Immediate	<i>Cardiac failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. F. Bury M. D.</i>	
		Address	
		<i>—</i>	
Accident or Suicide?			
<i>—</i>			



Name in Full		(Whiteley) Annie E.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Leavenworth		Ballo		MARYLAND		
	Date of death	1906	Feb	Day 15	Age 71	Months	Days	
	Sex	Female		Color or Race	White		Birthplace	Ind.
	Occupation	Nurse		Where Residing if not at place of death X				
	Married, Single or Widowed	Married		Name of Wife or Husband X				
	Father's Name	X		Father's Birthplace X				
	Mother's Maiden Name	X		Mother's Birthplace ✓				
	Name of person giving information	X		How related to deceased X				
CAUSES OF DEATH								
PHYSICIAN PR CORONER	Primary	Dementia			How long	30 yrs.		
	Immediate	Broncho. Pneumonia			How long	4 days.		
	Are the name, age, sex, color, date and place correctly given above? Yes.			Signature of Physician Grey Nade				
	Accident or Suicide? No.			Address Leavenworth.				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mary Whittley* Town *Sparrow's Pt.* County *Balto* MARYLAND

Died at *Sparrow's Pt.* *Balto*

Date of death *1906* Month *Feb* Day *17* Age *1* Years Months *11* Days *-*

Sex *Female* Color or Race *Cal.* Birth-place *Pa.*

Occupation *none* Where Residing if not at place of death *Sparrow's Pt.*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *none* Father's Birthplace *-*

Mother's Maiden Name *Lillie Whittley* Mother's Birthplace *Va.*

Name of person giving information *Jno. Whittley* How related to deceased *uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brach Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

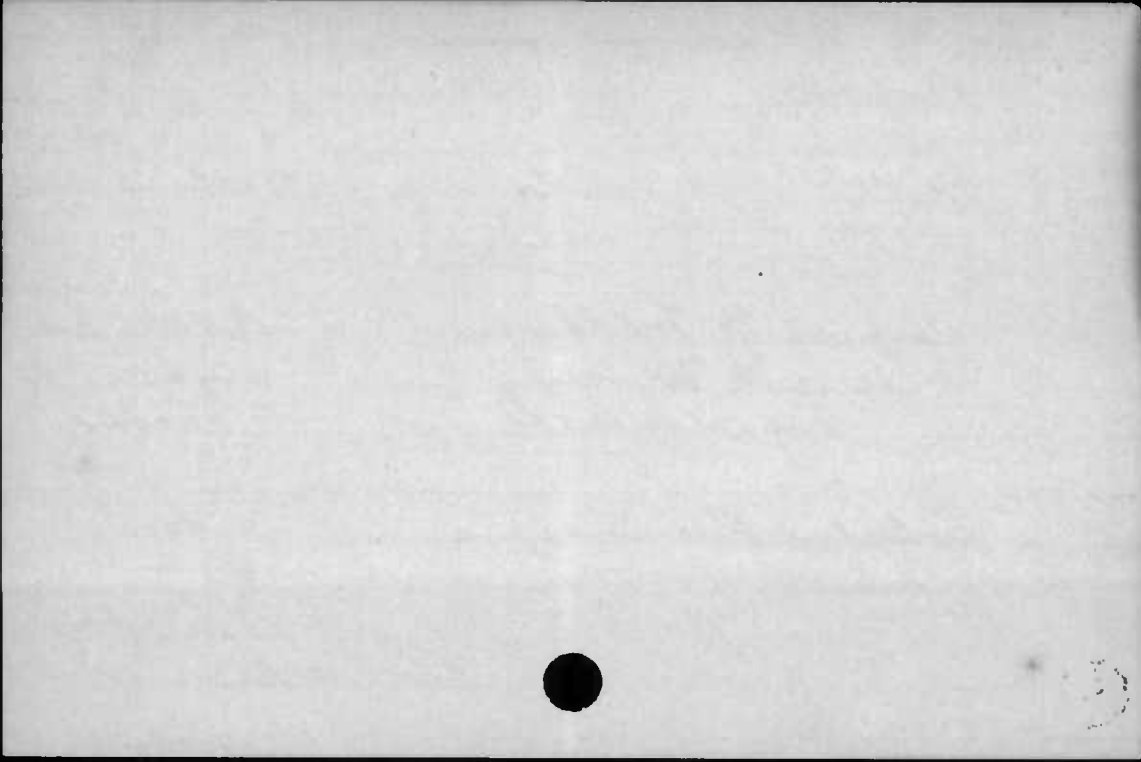
yes

Signature of Physician

Address

H. K. Peltzman
Sparrow's Pt.
Ind.

Accident or Suicide?



Name in Full		Catherine Helen Welke				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u> <u>Highlandtown</u>			County <u>Balto.</u>		MARYLAND	
	Date of death <u>1906</u>	Month <u>2</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>	Days <u>16</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Highlandtown</u>		
	Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>William Wilke</u>				Father's Birthplace <u>Holland</u>		
	Mother's Maiden Name <u>Annie Keckler</u>				Mother's Birthplace <u>Holland</u>		
Name of person giving information <u>Catherine Miller</u>				How related to deceased <u>Not at all.</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			How long			
	<u>General debility & Nephritis</u>			<u>Since birth</u>			
	Immediate			How long			
	<u>—</u>			<u>—</u>			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
<u>Yes.</u>			<u>J. A. Glantz M.D.</u>				
			Address				
			<u>41 Eastern Ave.</u>				
Accident or Suicide?							

Sacred Heart Cemetery

Feb. 22nd 1906

Germanus Franke

Under the

Lucy Wilson

Died at *St Carmel* Town *Baltimore* County

MARYLAND

1906 Month Day Y. M. D. Native of Occupation
 Date 189 Feb 15 Age 46. Md Housekeeper

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
ofWife
Father's
NameMother's
Name

Cause of

Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>44 S. Clinton St</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>26</u>	Age <u>67</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore city</u>				
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Wise</u>						
Father's Name <u>Frazier</u>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <u>Husband</u>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Rheumatism</u>	How long <u>several years</u>
Immediate <u>Apoplexy</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. O. Mink</u>
	Address <u>116 S. Broadway</u>
Accident or Suicide? <u>1</u>	



1000

Name
in
Full

Clarence Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bach River</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>July</u> ^{Month}	<u>4</u> ^{Day}	Age <u>22</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>clerk</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>John Wood</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Ester Drady</u>		Mother's Birthplace			
Name of person giving information <u>E. A. Dooty</u>		How related to deceased <u>friend</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accidental Drowning</u>	How long <u>172</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John W. Harrison, md</u>
	Address <u>Johns Hopkins, 15 Drury</u>
	<u>North River md</u>
Accident or Suicide?	



Name in Full		(Mrkman, Juliette C.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Calonsville</i>		County <i>Bullo</i>	
		Date of death		1906		Month <i>Feb</i>	
		Day		15		Age	
		Years		78		Months	
		Days				Birth-place	
		Sex		Female		Color or Race	
Occupation		Music teacher		Where Residing if not at place of death		<input checked="" type="checkbox"/>	
Married, Single or Widowed		Married		Name of Wife or Husband		<input checked="" type="checkbox"/>	
Father's Name		<input checked="" type="checkbox"/>		Father's Birthplace		<input checked="" type="checkbox"/>	
Mother's Maiden Name		<input checked="" type="checkbox"/>		Mother's Birthplace		<input checked="" type="checkbox"/>	
Name of person giving information		<input checked="" type="checkbox"/>		How related to deceased		<input checked="" type="checkbox"/>	

PHYSICIAN OR CORONER		CAUSES OF DEATH	
		Primary	<i>Paranoia</i>
		Immediate	<i>Valvular Dis of Heart</i>
		Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>
		Accident or Suicide?	<i>No.</i>
		How long	<i>20 yrs.</i>
		How long	<i>2 yrs.</i>
		Signature of Physician	<i>Dr. Wade</i>
		Address	<i>Calonsville</i>

David McLean Co.
833 Linden Ave.
Green Mount.